



Saint Paul University | Université Saint-Paul

Office of Admission, Registrar and Student Service (OARSS)
Guigues Hall, Room 165
223 Main Street
Ottawa, ON K1S 1C4
CANADA

VISITING STUDENT RESEARCHER APPLICATION FORM

This form must be completed in full and obtained at least 8 weeks in advance of your desired start date as a Visiting Student Researcher at Saint Paul University.

A) Information about the student-applicant

Family Name (as it appears on passport):

Given Name(s) (as it appears on passport):

Date of Birth (YYYY-MM-DD):

Sex:

Are you a Canadian Citizen or a Permanent Resident in Canada? Yes No

If no (or you have dual citizenship), what is your citizenship:

Passport Number:

Mailing Address in Canada (if applicable):

Permanent Address in Home Country:

Telephone Number:

Email (personal):

Email (university-affiliated address preferred):

B) Information about studies in progress at home institution

Name of Home Institution:

Academic Faculty, Department:

City and Country:

Degree being pursued: Bachelor Master PhD

Degree title:

(i.e., Master of International Trade)

C) Details about the host supervisor and research project at Saint Paul University

Have you been in contact with your Saint Paul University supervisor and has he/she agreed to host you:

Yes No

Is there a mobility exchange program in place between your home institution and Saint Paul University?

Yes No

Is there a research collaboration between your home supervisor and your Saint Paul University supervisor?

Yes No

What is your source of financial funding?

Personal

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Saint Paul University, by whom (Family Name, Given Name(s), Title, Faculty, School):

Government Scholarship (enter name of program):

Other (enter name of program or description of funding):

Start Date of Program (YYYY-MM-DD):

End Date of Program (YYYY-MM-DD):

Description of the purpose of the research visit (Explain how it relates to your program of study at your home institution):

Title of research project/thesis/dissertation:

Description of the research project objectives and responsibilities:

D) Student Agreement

I confirm that I have attached a copy of the receipt for the processing fee payment. Please know that applications that are missing confirmation for the payment of processing fee will not be processed

I hereby accept and agree to abide by the statutes, rules and regulations of Saint Paul University while registered under the Visiting Student Researcher program. (i.e., Mandatory enrollment in the University Health Insurance Plan - UHIP)

Applicant Signature:

Date (YYYY-MM-DD):

E) Authorization Signatures

This form will not be processed without the two signatures below. By signing this form, the home supervisor (or liaison officer, where applicable) and Saint Paul University supervisor hereby confirm that the student-applicant is in good academic standing and registered full-time in a degree program at the undergraduate or graduate level elsewhere in Canada or abroad, and has permission to enroll as a Visiting Student Researcher at Saint Paul University during the time period identified above.

Home Institution: Research Supervisor (or International Officer):

Family Name, Given Name(s):

Academic Faculty, Department:

Email:

Signature:

Date (YYYY-MM-DD):

Saint Paul University: Research Supervisor

Family Name, Given Name(s):

Academic Faculty, School:

Email:

Signature:

Date (YYYY-MM-DD):