



Université d'Ottawa | University of Ottawa

Vice-rectorat à la recherche | Office of Vice-President, Research

Centre d'expérience en recherche | Centre for Research Opportunities
550 rue Cumberland St. Ottawa, ON K1N 6N5 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 the University of Ottawa.

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 the University of Ottawa

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

Yes No

Is there a mobility exchange program in place between your home institution and the University of

Ottawa? Yes No

Is there a research collaboration between your home supervisor and your University of Ottawa supervisor?

Yes No

What is your source of financial funding?

Personal

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University of Ottawa, by whom (Family Name, Given Name(s), Title, Faculty, Department):

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 the University of Ottawa 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 University of Ottawa 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 the University of Ottawa 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):

University of Ottawa: Research Supervisor

Family Name, Given Name(s):

Academic Faculty, Department:

Email:

Signature:

Date (YYYY-MM-DD):