

# **Admission Form**

## **Postdoctoral Fellows**

# ADMISSION OF FELLOW STUDENTS TO UQAT

## POSTDOCTORAL FELLOW

THE FORM MUST BE SENT TO AND COMPLETED BY THE STUDENT

## RESEARCHER/DOCTOR ADMITTED TO UQAT IN A POSTDOCTORAL FELLOWSHIP

### Research (Fellowship)

3307 (Engineering)	3347(Education)
3359 (Psychology)	3315 (Agri-food)
3379 (Forestry)	3375 (Mining Engineering)
9311 (Health)	9306 (Management)
9310 (Creation, New Media)	9309(Indigenous Studies)

### Required documents

- Admission form
- Copy of birth certificate
- Doctor's degree and academic transcripts

### International fellows

*In addition to the required documents you will need to submit upon arrival;*

- Copy of passport
- Work permit
- Visa (if applicable)
- Invitation letter signed by UQAT\*

\* Must include the student's arrival and departure dates, as well as the number of weeks he will be attending UQAT.

## INSURANCE

Post-doctoral fellow students do not need to provide proof of health insurance coverage.

When you come to work in Quebec, you are covered by health insurance after a waiting period that can last up to 3 months after your registration. This period, called the "waiting period", applies even if you are a Canadian citizen. We advise you to take out private insurance within 5 days of your arrival in Quebec, to be covered during this waiting period.

<https://www.ramq.gouv.qc.ca/en/citizens/health-insurance/register/r2-q1r2>

The form must be completed online.  
Please refer to the admission rules to determine the appropriate program code(s).

Program code

A. IDENTIFICATION			
FAMILY NAME AT BIRTH:		FIRST NAME:	
DATE OF BIRTH	PLACE OF BIRTH (CITY)	CANADIAN SOCIAL INSURANCE N <sup>0</sup>	GENDER MALE <input type="radio"/> FEMALE <input type="radio"/>
STATUS IN CANADA 1. Canadian Citizen <input type="checkbox"/> 2. Permanent resident landed immigrant <input type="checkbox"/> 3. Residence study permit / student visa <input type="checkbox"/> 4. Other residence permit / other visa <input type="checkbox"/> <b>IF YOU ARE NOT A CANADIAN CITIZEN WRITE YOUR CITIZENSHIP:</b> _____		Have you already filled an admission request at the UQAT? No <input type="radio"/> Yes <input type="radio"/> Year: _____ Have you already been registered for a course at the UQAT? No <input type="radio"/> Yes <input type="radio"/> Year: _____ MOTHER TONGUE (first language learned and still understood) 1. FRENCH <input type="radio"/> 2. ENGLISH <input type="radio"/> 3. OTHER: _____ LANGUAGE MOST OFTEN SPOKEN AT HOME 1. FRENCH <input type="radio"/> 2. ENGLISH <input type="radio"/> 3. OTHER: _____	
Father's family name:		Father's first name:	
Mother's family name at birth:		Mother's first name:	

B. ADDRESS			
CIVIC NUMBER	STREET	APARTMENT	P.O. BOX
CITY		PHONE (HOME OR CELL)	
PROVINCE, STATE OR COUNTRY		PHONE (WORK)	EXTENSION

C. ADMISSION REQUEST			
EXPECTED SESSION: YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SESSION 1. WINTER <input type="radio"/> 2. SUMMER <input type="radio"/> 3. FALL <input type="radio"/>	ARRIVAL DATE: _____	
EXPECTED LENGTH OF STAY: _____ (in months or weeks)		DEPARTURE DATE: _____	
Do you expect to attend a course? YES <input type="radio"/> NO <input type="radio"/> if yes, write the attended course title: _____ Course Number: _____			

D. INFORMATION CONCERNING HOME INSTITUTION OR LAST EDUCATIONAL ESTABLISHMENT ATTENDED	
NAME:	STUDY PROGRAM:
RESEARCH FIELD:	GRADUATE <input type="radio"/> POSTGRADUATE <input type="radio"/> POSTDOCTORAL <input type="radio"/>

E. INFORMATION CONCERNING HOST INSTITUTION	
NAME OF RESPONSIBLE:	NAME OF DEPARTMENT / CENTER:

I, UNDERSIGNED, ACKNOWLEDGE BEING SUBMITTED TO THE RULES AND INTERNAL GOVERNANCE OF THE UNIVERSITY AND I COMMIT TO RESPECTING THESE RULES AND THESE DECISIONS. I CERTIFY THE AUTHENTICITY OF THE INFORMATION PROVIDED. FOR THE PURPOSE OF THIS REQUEST, I AUTHORIZE THE INSTITUTION(S) WHERE I AM (HAVE BEEN) ENROLLED TO TRANSMIT MY EDUCATIONAL RESULTS TO THE UNIVERSITY OF QUEBEC.

\_\_\_\_\_ DATE \_\_\_\_\_ CANDIDATE'S SIGNATURE

**Sample invitation letter for a postdoctoral fellow  
Work permit exempted from LMIA (Labour Market Impact Assessment)**

For the professor:

- The working conditions must be the same in the invitation letter and in the LMIA-exempt job offer form.
- All working conditions offered must be respected and may not be changed for any reason.  
The only way to do this would be to:
  1. produce a new job offer (cost \$230);
  2. submit a new letter of invitation;
  3. and have a new work permit issued in time for the entry into force of the new conditions.
- The person acting as a sponsor must make the application on the IRCC employer portal. This person must then provide the fellow with their exemption code and this code must be used to apply for the work permit.

Rouyn-Noranda, *(date)*

Contact details of the post-doctoral fellow: *name (same as on his passport) - full address (physical, personal or professional whichever is more appropriate) - country*

**Subject: Letter of invitation for a postdoctoral fellowship**

*Madam or Sir,*

As a professor of... at the Teaching and Research Unit... or School... or Institute... of the Université du Québec en Abitibi Témiscamingue, I am pleased to invite you for a postdoctoral fellowship.

Describe the project in detail (max. 3 lines) and indicate if it is an extension, specifying the exact moment when the extension starts (date of the letter or date of the end of the last fellowship) and the expected duration of this extension.

Following are the main conditions of the fellowship and important information that should be included in your letter:

- *Status: postdoctoral fellow (code 4011= class A);*
- *Expected start date, may vary depending on immigration and registration procedures;*
- *Fixed end date if applicable;*
- *Total duration;*
- *Possibility of extension and conditions if applicable; e.g. "renewable for 1 year following assessment or funding, but this is not included in the current offer*
- *Workplace address;*
- *Working hours per week;*
- *Annual taxable salary (if applicable, specify whether the salary is renegotiable after obtaining a named scholarship)*
- *Named scholarship and source;*
- *Other conditions or benefits (including if a grant could be added or if an annual salary increase is foreseen), travel and subsistence expenses are at your expense or at our expense OR other...*

I agree to supervise you through regular meetings to ensure that the objectives of your fellowship are met.

Yours sincerely,

*Signature*

*Name of professor*

*Title*

*Professional address*

*Email*

## Important information for a postdoctoral fellow

For the fellow:

- Important- Use the job offer number that will be given to you by the person responsible for completing your work permit application.
- The invitation must be the main reason for the fellow's stay at UQAT and the fellow must complete the necessary immigration procedures in order to work in Canada: <https://www.canada.ca/en/immigration-refugees-citizenship/services/work-canada.html>
- The letter of invitation for a postdoctoral fellowship will allow the fellow to initiate the immigration procedures. The Labour Market Impact Assessment (LMIA) exempted job offer number is in the subject line and must be included in the application. It is important to carefully follow the immigration procedures and steps on the IRCC website and to wait until you have all the necessary documents to enter and work in Canada before buying a plane ticket and travelling.
- Any foreign worker whose salary or scholarship will be paid by UQAT or another Canadian employer must obtain a Social Insurance Number from Service Canada before starting work:
  - <https://www.canada.ca/en/employment-social-development/services/sin/before-applying.html>
- You must provide a copy of your passport

**SECTION 1. INTERN INFORMATION**

INTERN'S LAST NAME

INTERN'S FIRST NAME

**SECTION 2. INFORMATION ON THE PROFESSOR RESPONSIBLE FOR THE INTERN SUPERVISION**

LAST NAME

FIRST NAME

TITLE

EMAIL

PHONE EXTENSION NO.

**SECTION 3. INFORMATION ON THE INTERNSHIP OR RESEARCH RESIDENCY**

TITLE OF INTERNSHIP OR RESEARCH RESIDENCY

THE MAIN OBJECTIVES ARE...

  
  
  


START DATE OF THE INTERNSHIP OR RESEARCH RESIDENCY

YEAR	MONTH	DAY
<input type="text"/>	<input type="text"/>	<input type="text"/>

END DATE OF THE INTERNSHIP OR RESEARCH RESIDENCY

YEAR	MONTH	DAY
<input type="text"/>	<input type="text"/>	<input type="text"/>

WEEKLY SCHEDULE

HOURS/WEEK

AMOUNT OF SCHOLARSHIP (enter 0\$ if there is no scholarship)

OTHER FINANCIAL TERMS

INDICATE THE ACTUAL PLACE WHERE THE INTERNSHIP OR RESEARCH RESIDENCY WILL TAKE PLACE (ONLY IF DIFFERENT FROM THE MAIN CAMPUS)

STREET

POSTAL ADDRESS

CIVIC NUMBER

STREET

POSTAL BOX

MUNICIPALITY

PROVINCE

POSTAL CODE

**SECTION 4. PAYMENT INFORMATION**

THE PAYMENT OF THE EMPLOYER'S FEE (230\$) IS MADE BY THE INTERNATIONAL BUREAU.

PLEASE ENTER THE FOLLOWING INFORMATION SO THAT THE INVOICE CAN BE FORWARDED TO THE AUTHORITY RESPONSIBLE FOR HOSTING THE INTERN OR THE RESEARCH RESIDENCY.

APPLICANT'S NAME

UBR (Unit of Budget Responsibility) OR ACCOUNT NUMBER

