

# International Research Interns SPECIFICATION SHEET PRIOR TO INVITATION

## SECTION 1 (A to E) : TO BE COMPLETED BY THE INTERN

### A. IDENTITY OF THE INVITED RESEARCH INTERN

Family Name | \_\_\_\_\_  
 First name(s) | \_\_\_\_\_  
 Country of Citizenship | \_\_\_\_\_  
 Home Country (if different) | \_\_\_\_\_  
 Date of birth      — / — / —      Sex:  M  F  
                                   year    month    day  
 Email | \_\_\_\_\_  
 Mailing Address | \_\_\_\_\_  
                                   number and street name  
                                   |  
                                   address complements (building, apartment, etc.)  
                                   |  
                                   postal code and city  
                                   |  
                                   country  
 Phone               + \_\_\_\_\_ nb.  
                                   country code

### B. HOME INSTITUTION

Full name (without abbreviations)  
 | \_\_\_\_\_  
 Abbreviated name | \_\_\_\_\_  
 Other known names of the institution  
 (if the name has changed or if the institution has merged with another one)  
 and names of the organizations to which the institution is affiliated  
 (if it belongs to a consortium, a university, an institute, etc.)  
 | \_\_\_\_\_  
 | \_\_\_\_\_  
 Student ID number in the home institution  
 | \_\_\_\_\_  
 Current Study Program | \_\_\_\_\_  
 Mailing Address | \_\_\_\_\_  
                                   number and street name  
                                   |  
                                   address complements (building, apartment, etc.)  
                                   |  
                                   postal code and city  
                                   |  
                                   country

### C. CONTACTS IN THE HOME INSTITUTION

Academic Supervision of the Internship ensured by:  
 Name | \_\_\_\_\_  
 Title | \_\_\_\_\_  
 Email | \_\_\_\_\_  
 Phone               + \_\_\_\_\_ nb  
                                   country code  
 Fax                   + \_\_\_\_\_ nb  
                                   country code  
 Administrative Follow-up of the Internship ensured by:  
 Name | \_\_\_\_\_  
 Title | \_\_\_\_\_  
 Email | \_\_\_\_\_  
 Phone               + \_\_\_\_\_ nb  
                                   country code  
 Fax                   + \_\_\_\_\_ nb  
                                   country code  
 Institution Representative (authorized to sign conventions)  
 Name | \_\_\_\_\_  
 Title | \_\_\_\_\_  
 Email | \_\_\_\_\_  
 Phone               + \_\_\_\_\_ nb  
                                   country code  
 Fax                   + \_\_\_\_\_ nb  
                                   country code

### D. FUNDING SOURCES OUTSIDE POLYTECHNIQUE

Home institution scholarship      ➔ amount : | \_\_\_\_\_  
 Scholarship from a third party      ➔ amount : | \_\_\_\_\_  
                                   ➔ organization/program | \_\_\_\_\_  
 None (personal funding)

### E. SIGNATURE OF THE INTERN

I hereby attest that the information provided is exact and actual.  
 Date and signature:  
 \_\_\_\_\_

## SECTION 2 (F to H) : TO BE COMPLETED BY THE PROFESSOR SUPERVIZING THE INTERNSHIP

### F. SUPERVISION OF THE INTERN

Name of the professor | \_\_\_\_\_  
 Engineering Dpt.:  Chemical  Civil/Geol./Mining  Computer/Software  
 Electrical  Maths/Industrial  Mechanical  Physics  
 Research Project Subject | \_\_\_\_\_  
 | \_\_\_\_\_  
 University Cycle at Polytechnique:  1st (undergrad)  2nd  3rd (doctoral)  
 Duration of the activity: from \_\_\_\_\_ to \_\_\_\_\_  
 Location of the research activities:  
 Polytechnique Buildings (main, Lassonde, Bombardier, Aisenstadt)  
 others: | \_\_\_\_\_  
                                   name and address  
                                   |  
 Schedule:  35 hours/week       \_\_\_\_\_ hours/week  
 night/weekend hours to be scheduled: please precise:  
 \_\_\_\_\_

### G. FINANCIAL COMPENSATION

No compensation  
 Scholarship (financial support) ➔ amount: | \_\_\_\_\_ \$CAN/month  
 Remuneration (salary)      ➔ amount: | \_\_\_\_\_ \$CAN/month  
 Refund of expenses      ➔ return journey\*: \_\_\_\_\_ \$CAN  
                                   (\*maximum amounts)      ➔ living expenses\*: \_\_\_\_\_ \$CAN/month

### H. SIGNATURE OF THE PROFESSOR

I hereby commit myself to supervise the student Je m'engage à encadrer l'étudiant selon les modalités ci-décrites.  
 Date and signature:  
 \_\_\_\_\_

Reserved for Host Department at Polytechnique:  
 Type of Agreement:  None  Bilateral  CRÉPUQ