## 

**Prix d’excellence**

**2024**

## **APPLICATION FORM**

## **Candidate Section**

**INSTRUCTIONS:**

The **Application Form – Candidate Section**, along with the supporting documents described below, must be completed and sent to Chapitre Saint-Laurent by **April 5th, 2024** to the following email address:

[comite.organisateur@chapitre-saint-laurent.qc.ca](mailto:comite.organisateur@chapitre-saint-laurent.qc.ca)

A complete application package includes:

* 1. Filled out Application Form – Candidate Section
  2. Candidate’s CV (PDF format, 2 pages max, font Arial 11, all margins ≥ 2 cm)
  3. Transcript of all university degrees (Undergraduate, Masters and PhD)
  4. Proof of registration on a full time basis to a master’s (research) or doctoral program in a Quebec university during the 2024 winter term
  5. Application Form – Supervisor Section (sent directly to Chapitre St-Laurent)
  6. Application Form – Referee Section (sent directly to Chapitre St-Laurent)

Make sure to send your completed Candidate Section to your supervisor and referee. They are expected to read it prior to completing their respective section.

Note: Any reference to the masculine gender shall be taken to include the feminine.

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| **IDENTIFICATION OF CANDIDATE** | | | | | | | | | |
| SURNAME | | | | NAME | | | | |
| ID # (transcript of on-going degree) | | |  | | | | | | |
| GENDER | | | Female | | | | | Male | |
| LEVEL OF STUDIES | | | Master | | | | | PhD | |
|  | | |  | | | | |  | |
| **ADDRESS** | | | | | | | | | |
| **MAILING ADDRESS** | | | | | | **PERMANENT ADDRESS** | | | |
| No, STREET, # APARTMENT | | | | | | No, STREET, # APARTMENT | | | |
| TOWN |  | | | | TOWN | |  | |
| PROVINCE |  | | | | PROVINCE | |  | |
| POSTAL CODE |  | | | | POSTAL CODE | |  | |
| PHONE |  | | | | PHONE | |  | |
| EMAIL |  | | | |  | | | |
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| **PROGRAM CURRENTLY REGISTERED IN** | | | | | | | | | |
| INSTITUTION | |  | | | | | | |
| DEPARTMENT | |  | | | | | | |
| DEGREE | |  | | | | | | |
| DISCIPLINE | |  | | | | | | |
| SPECIALIZATION (if any) | |  | | | | | | |
| START DATE | | (mm-yy) | | | | | | |
| EXPECTED DATE OF COMPLETION | | (mm-yy) | | | | | | |
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| **ACADEMIC RECORD** | | | | | | | | | | | | |
| * List all your degrees starting with the on-going one. * Attach a scanned version of all your university transcripts. Unofficial copies are accepted but the Comité des prix d’excellence du Chapitre Saint-Laurent might request official copies. | | | | | | | | | | | | |
| Date of entry (month/year) | Expected or actual date of completion (month/year) | | Level of studies | | Discipline | | | Institution | | | CGPA  (X / Y) | |
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| **IDENTIFICATION OF SUPERVISOR AND REFEREE** | | | | | | | | | | | | |
| * Send your completed Candidate Section along with the relevant documents to your research supervisor and referee. * The Supervisor and Referee sections must be sent directly to [comite.organisateur@chapitre-saint-laurent.qc.ca](https://profiles.google.com/?hl=fr&tab=mX) by **April 5th, 2024**. | | | | | | | | | | | | |
| **RESEARCH SUPERVISOR** | | | | | | **REFEREE** | | | | | | |
| NAME | |  | | | | | NAME | | |  | |
| INSTITUTION | |  | | | | | INSTITUTION | | |  | |
| PHONE | |  | | | | | PHONE | | |  | |
| EMAIL | |  | | | | | EMAIL | | |  | |
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| **RESEARCH PROJECT** | | |
| Describe your research project: provide a title, introduce the subject, objectives, methods and attained or expected results. Indicate if the project involves more than one institution and describe any multidisciplinary aspects. Explain how the project falls within Chapitre Saint-Laurent’s fields of interests.  MAXIMUM 600 WORDS | | |
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| **CANDIDATE STATEMENT** | | |
| Briefly describe your education, present situation as well as your professional objectives and aspirations. If any, explain delays in your academic or professional progression.  MAXIMUM 600 WORDS | | |
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