

## APPLICATION FORM (please complete all fields using Adobe Acrobat)

Name \_\_\_\_\_ Institution \_\_\_\_\_

Current Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ e-mail \_\_\_\_\_

Permanent Address \_\_\_\_\_

\_\_\_\_\_ Permanent Telephone \_\_\_\_\_

Academic Program \_\_\_\_\_ Current Year \_\_\_\_\_

Select one:  Canadian citizen  Permanent Resident  Other: \_\_\_\_\_

Previous Work Experience (Science-related; give year, position, supervisor, etc.)

\_\_\_\_\_

\_\_\_\_\_

Career Plans \_\_\_\_\_

Other Relevant Information \_\_\_\_\_

\_\_\_\_\_

Preferred ICE supervisor 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

*Note: Only enter the name of supervisors that you are willing to work for*

Are you willing to be placed at **any** of the participating institutions? Yes  No

A complete application consists of this form and a copy of your **current academic transcripts**.