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Scholars in Residence Application Form

This form may be completed using Adobe Acrobat or Adobe Reader.

Personal Information

Name:	Street address:	
Home tel:	City, Prov:	
Cell:	Country:	
Email:		
R	esearch Program	
Department:		
Highest degree and institution:		
Length of tenure at Dawson:		
Research interest keywords:		

I would like access to the following services (please check all that apply):

Dawson staff ID card

Access to Dawson's library and inter-library loans

A BCI (formerly CREPUQ) library card

Dawson email address and access to Webmail

A self-financed budget code for use at the Dawson Print Shop

Signature By signing this form, I acknowledge that I have read, understood and agree to comply with Dawson College's *Policy on Integrity and Scholarship in Research*. I also agree to recognize Dawson College as an affiliated institution in any publications or works stemming from my research conducted while I remain a Scholar in Residence. Signature Date

Please submit this form, a detailed and current CV, and your research statement as PDF and/or Word documents via email to research@dawsoncollege.qc.ca or to the Research Office in 4B.01-7. If you have any questions, please contact the Research Coordinator at ext. 1374 or research@dawsoncollege.qc.ca.