Northern Ontario School of Medicine École de médecine du Nord de l'Ontario $\dot{\rho} \cdot \nabla \Omega_{\Delta} \cdot \dot{d}^{2} \cup S \dot{b}$ $\dot{\nu} = D \cdot \Delta \dot{\nu} \cdot \dot{d} \cdot \dot{\nu} \cdot \dot{d}^{2} \cdot \dot{\nu} \cdot$

Summer Studentship Application

Application Instructions

Save a completed copy of this form on your computer and email your pdf attachment to summerstudentship@nosm.ca Handwritten applications or applications submitted by fax will not be accepted. Due to the volume of applications received, we will not be able to confirm receipt of your application, confirmation enrollment letter, or resume.

Student Contact Info	ormati	ion												
Preferred first name Last name														
Primary telephone for employment interview				□ Мо	bile [Landlir	ie	Area code			Local number			
Primary email	imary email Secondary email													
Place of birth						•								
High school location (e.g. city)							Province/State							
Parent's current address Street add														
City											Province/State			
Student Educational Information														
Name of current academic	on													
Current academic institution	ess	Street address												
			City	City							Province (ATNC	RIO	
Full name of current academic program														
In the fields below, enter either semesters or years, based on what your academic program commonly uses. You may include academic placement/practicum months, if placement/practicum months form part of your academic program.														
Name of degree to be conf		pon gradua	ation (e.g. MD,	, BScl	N)								
Total number of semester	total number of years				to complete the above-noted degree									
Total number of semesters or total number of years remaining in my current academic program after August 30, 2013.														
Commencement date of fir	st seme	ester (MM/	YYYY))										
Commencement date of final semester (MM/YYYY)														
Expected date degree will	be confe	erred (MM	/YYYY	')										
Agency Placement Request														
Name of first choice agence									Please refer to the website for a listing of eligible agencies and locations.					
Location of first choice agency														
Student Certification														
☐ By checking this box, I agree to each of the following requirements of the Summer Studentship Program:														
My current academic institution will provide written confirmation in the Enrollment Confirmation Letter that I am already attending classes in an academic program that has been accredited by one of the Colleges legislated under the Regulated Health Professions Act, 1991. Note: This letter is waived for NOSM students.														
I am available to work a minimum of 140 hours or a maximum of 280 hours between April 1st and August 30th. Please be prepared to discuss exact employment dates and hours with the agency.														
I consent to my name, contact information, and resume being given to eligible agencies of the Summer Studentship Program.														
I understand that I must secure accommodations before accepting an employment offer.														
I understand that information obtained from me may be used for research and recruitment purposes by the Northern Ontario School of Medicine (NOSM).														
Any photographs taken by NOSM will only be used for NOSM promotional material unless otherwise agreed to by me.														
I certify that my answers above are true and complete to the best of my knowledge.														
I am submitting this application to NOSM electronically on (MM/DD/YYYY).														