**York University**

**International Visiting Research Trainee (IVRT) Form**

**Information for Students:**

Please complete the attached form, sign it, and return it **to your host faculty member** at York University, along with the required documentation (see checklist below).

Once your documentation is complete and your visit to York is approved, you will be issued a student number at York and you will be charged for the fees as noted below:

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| **Type of Fee** |  |
| Administrative fee | $300 per application |
| Supplementary fees\*  (cannot be pro-rated) | $247.35 per term; payable for each term during which the student  scholar is visiting  [http://sfs.yorku.ca/fees/courses/index.php?term=fw13&faculty=Graduate](http://sfs.yorku.ca/fees/courses/index.php?term=fw13&amp;faculty=Graduate%2BStudies)  [%2BStudies](http://sfs.yorku.ca/fees/courses/index.php?term=fw13&amp;faculty=Graduate%2BStudies) |
| University Health  Insurance Plan  (UHIP)\* | $54 per month single coverage. |

\*subject to change

**Information for Faculty:**

**International Visiting Research Trainee Checklist**

Please ensure that the following original documents have been included in the package.

 International Visiting Research Trainee Form completed

 Letter of Invitation signed by Associate Dean, Research of the respective Faculty

 Proof of full-time enrolment in good standing at home university as outlined in the IVRT

process

Send package to: International Student Program Facilitator

York International Suite 200, York Lanes York University

**York University**

**International Visiting Research Trainee Form**

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| **Personal information in connection with this form is collected under the authority of *Freedom of Information and Protection of Privacy Act* and *The York University Act, 1965*. If you have any questions about the collection of this information by York University, please contact: International Student Program Facilitator, International Student &Scholar Services, York International, York University, 200 York Lanes, 4700**  **Keele Street, Toronto, ON M3J 1P3, tel. 416-736-5177.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Participation:**   Fall & Winter terms (Sept start)  Fall term (Sept start)  Winter term (Jan start)  Summer term (May start) Actual Start Date: End Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PERSONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  Mr.  Mrs.   Miss  Ms  Last name Given name(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Permanent Address:**  (All mail will be sent here) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date of Birth:**  \_/\_ \_/\_ Month Day Year |
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| **Permanent Email: (PLEASE PRINT IN BLOCK LETTERS IN THE BOXES BELOW)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Permanent Phone #:** (country code, area code & #)  **Fax:** (country code, area code & #) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ACADEMIC INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of home university: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- |
| Degree sought at home university: | Program of study (specialization, major, minor): |
| Graduate program at York with which you plan to affiliate: | |
| Name of host faculty member at York:  Unless clearly stipulated otherwise, the IVRT is responsible for all fees associated with the position: administrative fees, health insurance (UHIP), supplementary fees,travel, accommodation, etc.  Please note that the administrative and supplementary fees must be paid upon acceptance of the invitation and BEFORE  the student’s arrival at York. All charges will appear on the student's account.    The IVRT shall visit York International within the first week following their arrival to arrange UHIP and pay the UHIP fees. If the Faculty member is to cover administrative, supplemental and UHIP fees: budget number is Fund \_\_\_\_  Cost Centre \_\_\_\_\_\_\_\_\_\_\_\_. | |
| **Declaration and Consent of Applicant**:  1. I declare that the information I have provided in this form is true, complete and accurate in all respects and that all available information requested in this form has been disclosed.  2. All information I have provided in connection with this form is subject to verification and audit by York University.  3. I consent to the disclosure by York University of personal information I have given in this form for the purpose of facilitating the visit.  4. While at York, I agree to abide by the University’s policies and procedures, which are available on the University web site at [http://www.yorku.ca/secretariat/policies/index-policies.html.](http://www.yorku.ca/secretariat/policies/index-policies.html)  I understand that any misrepresentations on this form or failure to provide my consent to authorize York University to verify my information on this form may result in the delay or refusal of the visit.  **Signed this day of 20 by .** | |

**To be completed by:**

**a. Faculty Member Hosting the International Visiting Research Trainee:**

I am hosting the International Visiting Research Trainee for the dates indicated above.

Name:

E-mail:

Title:

Tel. extension

Signature:

Date:

**b. Associate Dean, Research, Faculty of**

I agree to the above Faculty member hosting the International Visiting Research Trainee.

Name:

E-mail:

Title:

Tel. extension

Signature:

Date:

**To be completed by York International:**

I certify that I have reviewed the above form and accompanying materials, and that all documentation is complete.

Name:

E-mail:

Title:

Tel. extension

Signature:

Date:

