

COVID-19 Absence Declaration Form

POSTDOCS AND VISITING RESEARCH STUDENTS

* Subject COVID-19 voluntary absence declaration * Approbation Status Initial

* Date of Demand _____

Section 1 — Identification of the Visiting Student or Postdoctoral Fellow

* Matricule _____ * First_ Last_ Name _____

* e-mail _____

Section 2 — Study or Internship Program

* Establishment Université de Montréal * Status EVR (Visiting Research Student)

SPD (Postdoctoral Fellow)

EVR : program or study : Premier cycle (1-999-4-9) Deuxième cycle (2-995-1-9) Troisième cycle (3-995-1-9)

SPD : internship program (consult [the list](#)) : _____

Section 3 — Period and Reason for Absence

* Start Date _____ * Expected End Date _____

* Cause of Absence Coronavirus/COVID-19 * Reason _____

Section 4 — Declarations

- I have attached the travel document (if travelled abroad).
- I have attached a medical note (if doctor consulted).
- * I consent to keep the originals attached and present them if requested.
- * I will fill out the form again if my situation changes.
- * I will contact my teachers regarding compensatory measures.
- * I declare that this information is correct.

Section 5 — Additional Information / Reason for the Request

Additional relevant information

Additional or supporting data

Section 6 — Routing of this Form

Please send this form along with the attached documents to: esp-international@umontreal.ca