

6.1 Personal Data Form for All Interns

Student Identification

Last name: _____ First name: _____ McGill ID: _____

McGill e-mail address: _____

Montreal phone number: _____ Cell phone: _____

Permanent address line 1: _____

Permanent Address line 2: _____

City: _____ Province/state: _____ Country: _____

Phone number (home): _____

Alternate e-mail address: _____

Country of citizenship: _____ Are you an international student at McGill? Yes No

Social Insurance Number (SIN): _____

Internship Information

Name of Organization: _____

Dates of internship (specific start and end dates): _____

Address: _____

City: _____ Province/state: _____ Country: _____

Phone number (Office): _____ Phone number (Supervisor): _____

E-mail address of supervisor: _____

Emergency Contact Information

Contact 1:

Last name: _____ First name: _____ Relationship: _____

Address Line 1: _____

Address Line 2: _____

City: _____ Province/state: _____ Country: _____

Phone numbers: home: _____ cell: _____ work or other: _____

E-mail address: _____

Contact 2 (optional):

Last name: _____ First name: _____ Relationship: _____

Address Line 1: _____

Address Line 2: _____

City: _____ Province/state: _____ Country: _____

Phone numbers: home: _____ cell: _____ work or other: _____

E-mail address: _____