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APPLICATION FORM

First name:		
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University:		
Program:		
Cycle:	☐ Master	☐ PhD
Project title:		
part of the sele - to broadcast o	motional purposes, any informa	iring the Symposium.
Signature:		Date:
lease return the complete	ed form by email to: <u>mlewis@aqper.com</u>	

Don't forget to provide a summary of your research project and progress by completing the section provided for this purpose (next page).

APPLICATION DEADLINE: Monday, December 13, 2021, 11:59 p.m.

Please use the space below to provide a summary of your research project and progress (maximum 450 words).		

EXCLUSIVE PARTNER

