

# **RISE-Globalink Research Internship: International Pre-Departure Form**

*This form must be completed and submitted to Mitacs before your departure. Please note no funds can be released until Mitacs has received this signed form. This form must be signed by the appropriate authorized signatory at the home university (in most cases, the international office). If you are unsure of who should sign the form, please contact international@mitacs.ca.*

## **Pre-departure preparations**

### ***To be completed by the student***

1. I confirm that I have consulted with the appropriate university office to ensure that my home university's policies and requirements have been met and adhered to with regard to research abroad.
2. I confirm that I have obtained insurance coverage appropriate for travel to my destination and which remains in effect for the duration of my travel.

*Please tick the appropriate option:*

3. I confirm that I received an appropriate pre-departure orientation from my home university.

**OR**

- I confirm that I received an appropriate pre-departure orientation from an external provider, that has been approved by my home university.

Details of  
external  
provider

## **ROCA registration or equivalent**

*Please tick the appropriate option:*

4. I confirm that I have consulted with my home university's international office and have registered with the Safety Abroad Database and/or equivalent at my home university as per the home university's policies.
5. I am a Canadian citizen and have registered my travel details with the Registration of Canadians Abroad Database (ROCA).

**OR**

- I am a non-Canadian citizen and have registered my travel details with my home country's mission abroad.

## **Signature**

### ***To be completed by the student***

- I hereby confirm all of the information above to be true.

Full name

---

Signature

---

Date

**Continued on the next page**

**Pre-departure preparations**

*To be completed by the appropriate home university staff representative (international office or authorized signatory)*

- 1. I confirm that the above-mentioned student has consulted with the appropriate university office to ensure that the home university's policies and requirements have been met and adhered to with regards to travel abroad, for the purposes of research.
- 2. I confirm that the above-mentioned student has received an appropriate pre-departure orientation from their home university, and the student has been advised to obtain appropriate insurance coverage, as per the home university's policies regarding travel abroad, for the purposes of research.

**OR**

- I confirm that the above-mentioned student has received an appropriate pre-departure orientation from an external provider, and the student has been advised to obtain appropriate insurance coverage, as per the home university's policies regarding travel abroad, for the purposes of research.

Details of  
external  
provider

**Signature**

*To be completed by the appropriate home university staff representative (international office or authorized signatory)*

- I hereby confirm all of the information above to be true.

Full name

Position

University

---

Signature

---

Date