

Date: _____

KNOWLEDGE MOBILIZATION PLAN CERTIFICATE

Name: _____

File Number: _____

Program: **Knowledge Mobilization Plan – Postdoctoral Fellowship (FRQSC)**

NIP: _____

I hereby certify that Mr./Ms. _____ will devote himself/herself full-time to his/her knowledge mobilization plan throughout the duration of his/her fellowship, starting on _____. During this period, the Postdoctoral Fellow will be under my supervision, and will thus be affiliated to the following institution: _____. If this institution is located outside of Quebec, I confirm that he or she is present on the premises.

I will inform the FRQSC if Mr./Ms. _____ no longer works full-time on his/her knowledge mobilization plan or interrupts the activities related to it.

(Signature)

Supervisor's details

Full Name: _____

University / Research Institution: _____

Address: _____

Instructions: Please have the form signed by your supervisor and upload it to your e-Portfolio under "Manage my funding / Reporting - situation and required documents".