

Date: \_\_\_\_\_

### KNOWLEDGE MOBILIZATION PLAN CERTIFICATE

Name: \_\_\_\_\_

File Number: \_\_\_\_\_

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

NIP: \_\_\_\_\_

I hereby certify that \_\_\_\_\_ 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: \_\_\_\_\_.

I will inform the FRQSC if \_\_\_\_\_ 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".

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