



APPLICATION FORM - ACADEMIC CHALLENGE

| Academic institution: | |
|---|--|
| First name: | |
| Last name: | |
| Telephone number: | |
| Email address: | |
| Please indicate if you are a student or a professor/teacher: | |
| Field of study, research or course subject in which the project would be carried out: | |
| Targeted semester (fall or winter) and year: | |
| Duration (number of weeks for the project): | |
| escription of the project proposal, activity or product: | |
| Third parties to be involved (optional): | |
| Types of data required for the project (optional): | |
| Other relevant information: | |
| | |