

PLEASE PRINT

PERSONAL INFORMATION							
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.		Surname		First Name		Middle Name	
Previous Surname (If Applicable)			Date of Birth (dd/mm/yy) / /		Previous York Student # (If Applicable)		
Address No. Street:		City		Province/State	Postal Code	Country	
Phone: Home			Phone: Work		Email		
Status in Canada: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student Visa <input type="checkbox"/> Other (Specify):			Country of Citizenship		First Language: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other (specify):		If not born in Canada, date of arrival in Canada

EMPLOYMENT INFORMATION						
Firm/Organization			Area of Practice		Title	
Address No. Street:		City		Province/State	Postal Code	Country

SEND CORRESPONDENCE TO: Home Business

PROGRAM SPECIALIZATION	
Program Specialization Title:	
Expected Start Date: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer (Year):	
How did you find you out about this program?	

EDUCATIONAL HISTORY				
Are you currently enrolled in a graduate program? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the following information.				
Name and Location of Institution		Program/Degree	From: Year/Month /	To: Year/Month /
Please list all post-secondary institutions attended (starting with the most recent).				
1. Name and Location of Institution		Program/Degree	From: Year/Month /	To: Year/Month /
2. Name and Location of Institution		Program/Degree	From: Year/Month /	To: Year/Month /
3. Name and Location of Institution		Program/Degree	From: Year/Month /	To: Year/Month /
4. Name and Location of Institution		Program/Degree	From: Year/Month /	To: Year/Month /

IF NECESSARY, PLEASE USE A SEPARATE SHEET FOR ADDITIONAL INFORMATION.

SIGNATURE	
<i>I hereby certify that all statements are correct and complete including my declaration of citizenship and status in Canada. I understand that I may have to provide documentation at some future date to substantiate my claims, and that any misrepresentation on this application may result in the cancellation of my admission application. Other academic institutions may be contacted. Pursuant to the Freedom of Information and Protection of Privacy Act, I consent to the collection, use and disclosure of my personal information, all as described at www.yorku.ca/secretariat/infoprivacy/index.htm.</i>	
Applicant's Signature	Date

APPLICATION FEE (\$100.00)		
<input type="checkbox"/> cheque or money order enclosed, payable to York University		
<input type="checkbox"/> credit card (Visa or Mastercard only)		
If you wish to pay by credit card, please complete this section.		
Applicant's Name (please print)		Expiry Date (mm/yy) /
	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard Account #	
Name of Cardholder (please print)		Cardholder's Signature