

PLEASE PRINT or TYPE

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)	
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
YEAR OF CALL	JURISDICTION	BAR MEMBERSHIP NUMBER	

EMPLOYMENT INFORMATION

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

EDUCATION HISTORY

Please indicate which best describes your post-secondary education history:

- ☐ I have an LLB/JD from a Canadian University
☐ I have an LLB/JD from a university outside Canada
☐ I do not have an LLB/JD; however I do have a university degree.
 Please check all that apply: ☐ Bachelor Degree ☐ Masters Degree ☐ Doctoral Degree
☐ I do not have a university degree

COURSE SELECTION

Please indicate the LLM course(s) in which you wish to enroll, in order of preference.

Graduate courses are generally 3 or 6 credits each and the 12 credit cumulative maximum may be taken in one term or over several terms.

COURSE NAME	COURSE CODE	CREDIT VALUE	SECTION LETTER** (IF APPLICABLE)	TERM (FALL, WINTER, SUMMER)
1.				
2.				
3.				

*If you are applying to a course from the LLM in Canada Common Law specialization, you must also attach a copy of your NCA Assessment Report to this form and save it as a PDF.

** If you are applying to a course with multiple sections in the same term please include your preferred section letter. If you have no preference for section please write 'Any'. If the course you are applying to does not have multiple sections please leave this column blank.

STATEMENT OF INTEREST

Please describe your legal experience relevant to the LLM course(s) listed above and explain why you wish to enroll.

HOW DID YOU HEAR ABOUT THIS PROGRAM?

Direct Mail	<input type="checkbox"/>	Precedent Magazine	<input type="checkbox"/>	Canadian Immigrant Online	<input type="checkbox"/>
Ontario Reports	<input type="checkbox"/>	LLMGuide.com	<input type="checkbox"/>	Canadian Immigrant Magazine: Print	<input type="checkbox"/>
Osgoode Professional Development Website	<input type="checkbox"/>	LLMStudy.com	<input type="checkbox"/>	Web Search (ex. Google, Yahoo, Bing)	<input type="checkbox"/>
Osgoode Professional Development Employee	<input type="checkbox"/>	LinkedIn	<input type="checkbox"/>	Word-of-mouth: (Please specify)	<input type="checkbox"/>
		Facebook	<input type="checkbox"/>	Faculty <input type="checkbox"/> Instructor <input type="checkbox"/>	
		Twitter	<input type="checkbox"/>	Current Student <input type="checkbox"/> Alumni <input type="checkbox"/>	

Other: (Please specify)