

Faculty of Graduate Studies Professional LLM Supplementary Form



Instructions for completion of the Supplementary Form:

All applicants are required to complete this form.

ALL applicants must complete Sections A, B, C, D and H.

General LLM applicants must complete section **E**.

Canadian Common Law applicants must complete Section **F**.

Please Type or Print (*required fields)

A. Personal Information*	
York University Student Number:	Date of Birth (dd/mmm/yy)
First Name:	Last Name:

B. Employment Information*		
Firm/Organization Name:		Title/Position:
Area of Practice:		Business Phone Number:
Business Address:		City:
Prov/State:	Postal Code:	Country:

C. Education History*	
Please indicate which best describes your post-secondary education history:	
<input type="checkbox"/> I have an LLB/JD from a Canadian University	
<input type="checkbox"/> I have an LLB/JD from a university outside Canada	
<input type="checkbox"/> I do not have an LLB/JD; however I do have a university degree.	
Please check all that apply: <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Doctoral Degree	
<input type="checkbox"/> I do not have a university degree	

D. Legal Practice Experience*	
<i>(Please indicate which best describes you.)</i>	
<input type="checkbox"/> I am licensed to practise law in Canada	Jurisdiction: Year of Call:
<input type="checkbox"/> I am licensed to practise law outside of Canada; however, I am not licensed to practise law in Canada.	Jurisdiction: Year of Call:
<input type="checkbox"/> I am not licensed to practise law.	

E. General LLM - Plan of Study

(Only applicants applying to the General LLM program must complete this section.)

Please declare 3 areas of interest/specialization (see LLM program offerings):

Canadian Common Law, International Business Law and Alternative Dispute Resolution cannot be declared as one of the three areas. However, limited ADR courses are available to students in the General LLM.

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F. LLM in Canadian Common Law - Plan of Study

(Only applicants applying to the LLM in Canadian Common Law program must complete his section.)

Please indicate which courses you are interested in taking:

Foundations of Canadian Law	<input type="checkbox"/>	Evidence	<input type="checkbox"/>
Canadian Constitutional Law	<input type="checkbox"/>	Commercial Law	<input type="checkbox"/>
Canadian Criminal Law	<input type="checkbox"/>	Family Law	<input type="checkbox"/>
Canadian Administrative Law	<input type="checkbox"/>	Taxation	<input type="checkbox"/>
Canadian Professional Responsibility	<input type="checkbox"/>	Trusts	<input type="checkbox"/>
Business Associations	<input type="checkbox"/>	Real Estate Transactions	<input type="checkbox"/>
Torts	<input type="checkbox"/>	Legal Research and Writing for International	
Contracts	<input type="checkbox"/>	Students	<input type="checkbox"/>
Property	<input type="checkbox"/>	Other: (1)	
		(2)	

G. Authorization to Release Educational Application/Record Information *(Optional)*

This is to authorize and direct you to disclose any information from my application and/or student records to the following: (please identify agency and/or individuals)

_____, pursuant to any request from them or from me.

This authorization is valid until revoked in writing by the Applicant/Student.

Date: _____ Applicant/Student Signature _____

Checking this box represents your electronic signature.

H. How did you find out 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 circle)	<input type="checkbox"/>
		Facebook	<input type="checkbox"/>	Faculty / Instructor / Current Student / Alumni	

Other: (Please specify)

Privacy: Personal information in connection with this form is collected under the authority of the York University Act, 1965. The information will be used for educational, administrative and statistical purposes and to provide supplementary program information to the faculty in which you wish to enroll and will form part of your application for admission to York University. If you have any questions about the collection, use and disclosure of this information by York University, please contact the Manager, Information Service, York University, W320 Bennett Centre for Student Services, 99 Ian MacDonald Blvd, Toronto, Ont., M3J 1P3; tel. (416) 736-5000.