

Application for Admission Form

**Ontario Training Centre in Health Services and Policy Research
York University Site**

Name of applicant: _____

Date of application: _____ / _____ / _____
Day Month Year

Address: _____

Phone: _____ E-mail: _____

Date of expected entry into Diploma Program: _____ / _____
Month Year

Name of current graduate program at York University: _____

Date of entry into this graduate program: _____ / _____ / _____
Day Month Year

Current enrolment status: 1 Full time _____
2 Part time _____

Degree sought in current graduate program: 1 Master's degree _____
2 Ph.D. _____

Name of current supervisor (or faculty advisor) _____

Title or topic of thesis/scholarly paper or project planned for your degree:

For office use only:

Materials received: (please circle and date):

1. Original signed Application for Admission Form
2. Autobiographical letter from student
3. Curriculum vitae (resume)
4. Up-to-date transcript
5. Letter of recommendation

Admission Committee decision:

1. Admit
2. Reject
3. Postpone, reason:

Date of entry (if applicable): _____