Application for Undergraduate Study at York University

PLEASE PRINT CLEARLY AND COMPLETE ALL FIELDS ON ALL PAGES OF THE APPLICATION

1. Pers	onal Informatio	חכ									
	PREVIOUS YORK ST	UDENT # (if applicab	le)	DATE OF BIR	H DD			ARIO EDUC	ATION #		
			2012		01				-		
🗌 Mr.	Ms.	🗌 Other (speci	ify)	G	ender: 🔲	Male	🗌 Female	2			
	LAST NAME/FAMIL	LY NAME	ALL LEGAL GIVEN	NAMES (under	ine name most	t commonly u	used)	PREVIO	US LAST NAME	if applicabl	le)
APT. #	STRE	ET ADDRESS	CITY			VINCE/STATE		Disess	COUNTR	₹Y	
POST	AL CODE/ZIP CODE	HOME TELEPH	ONE (incl. area code)	ALTERNATE TE	Select or typ LEPHONE (incl. a		/		select one		
			· · · · ·		X						
Please s	COUN Select one	TRY OF CITIZENSHIP				FIRST LA	NGUAGE (spe	ecify)			
I											
2. State	us in Canada:										
	Canadian Citizen										
	Permanent Resid	Jent of Canada:	date of arrival into	Canada (D)_01	(M)_01	(Y) _	2013	-		
	Currently hold, o	or will require, a	Study Permit								
	Other (specify) _										_
Are you	an Aboriginal Pe	erson or have At	ooriginal ancestry?	(voluntary de	claration)	🔲 уе	s 🗆	no			
Aborigin	al People are perso	ons who identify th	nemselves as a North	American Aboi	iginal or mem	nber of a Fir	st Nations (.	status and	d non-status,),Inuit or Mé	étis.
3. Add	lication for clas	ses beginning	(choose one of t	he followir	ia):						
			udents website for			g in Janua	ry — http:/	//bit.ly/	YUwinterpr	rogs	
			nts website for a li							-	
	September 2013	: Visit the Future	e Students website	for a list of p	rograms stai	rting in Se	ptember –	- http://	/bit.ly/YUfa	allprogs	
	ram Selection						- Chudaat				
		-	e programs and one o				-	4			
		-	oices in order of prio	nty. Refer to t	ie program is	sting on nit	p://iutures	ludents.y	orku.ca/pro	gams)	
1) 2)	 Please select one Please select one 										
	IFICATE										
Plea	ase select one										_
FOR	VISITING STUDEN	NT APPLICANTS (NLY (please select	one of the	following):						
	I am an undergra	aduate degree-h	older from (specify	university):							_
	I am applying wi	ith a letter of pe	rmission (specify u	niversity curr	ently attend	ling):					_
	Faculty and prog	ram in which yo	ou would like to tak	e the majorit	y of courses	: Please s	elect one				_
	I am applying to fulfill the requirements for a professional (specify designation):						_				

I am applying to the Bridging Program for Internationally Educated Professionals

□ I am applying to the RN to MScN alternate admission option

5. All college/university studies completed or being completed (include York University, if applicable) (Start with most recent.)

FROM: YYYY	MM	NAME OF SCHOOL	LOCATION (province/state, country)	
2013	01		Select or type an entry Please select one	
TO: YYYY	MM	PROGRAM/MAJOR	DEGREE/DIPLOMA EARNED	
2013	01			

FROM: YYYY	MM	NAME OF SCHOOL	LOCATION (province/state, country)		
2013	01		Select or type an entry Please select one		
ΤΟ: ΥΥΥΥ	MM	PROGRAM/MAJOR	DEGREE/DIPLOMA EARNED		
2013	01				

FROM: YYYY	MM	NAME OF SCHOOL	LOCATION (province/state, country)		
2013	01		Select or type an entry	Please select one	
TO: YYYY	MM	PROGRAM/MAJOR	DEGREE/DIPLOMA EARNED		
2013	01				

6. Pre-university study/bridging courses or university preparation courses

Please indicate the name and location of any pre-university course(s) taken:

Month: 01 Year: 2012

7.	Secondary	y school(s)	attended	(Start with current or most rece	ent.)
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FROM: YYYY	MM	NAME OF SCHOOL	LOCATION (province/state, country)
2013	01		Select or type an entry Please select one
TO: YYYY	MM	LAST GRADE/LEVEL COMPLETED	DEGREE/DIPLOMA EARNED
2013	01		

FROM: Y	YYYY	MM	NAME OF SCHOOL	LOCATION (province/state, country)		
2013		01		Select or type an entry Please select one		
TO: Y	YYYY	MM	LAST GRADE/LEVEL COMPLETED	DEGREE/DIPLOMA EARNED		
2013		01				

8. Activities when you were not a student (Start with current or most recent and include ESL activities. Applicants should submit an up-to-date resumé if out of academic study for more than one year.)

FROM		TO	
YYYY	MM	YYYY	MM
2013	01	2013	01
YYYY	MM	YYYY	MM
2013	01	2013	01

To complete this application, you must read and sign the next page. This application **will not** be accepted without a signature.

9. Payment Information	Applicant's Name (please print)	
Credit Card: 🔲 MasterCard	Card Number	Expiry Date
VISA	Name of Cardholder (please print)	
<i>Complete the section to the right.</i> <i>We only accept VISA and MasterCard.</i> <i>We do not accept cash or cheques.</i>	Cardholder's Signature	
	AUTH # (for internal use only)	

Protection of Privacy

York University gathers and maintains information for the purposes of admission, registration and other fundamental activities related to being a member of the University community and to attending a public post-secondary institution in the Province of Ontario. When signing an application for admission, you should know that the information you provide, and any other information placed into your student record, will be protected and used in compliance with Ontario's Freedom of Information and Protection of Privacy Act. The information on this form is collected under the authority of The York University Act, 1965 and is needed for educational, administrative and statistical purposes and to process your application for admission. The information will be used to verify qualifications and decide your eligibility for admission. Upon admission and registration, this information will form part of your student record and will be used to document your progress in an academic program. If you have any questions about the collection, use and disclosure of your personal information by York University, please contact the Manager, Information Service, Bennett Centre for Student Services, 99 Ian MacDonald Blvd., York University, 4700 Keele Street, Toronto, Ontario, Canada M3J 1P3, 416-736-5000. yorku.ca/ipo

Declaration and Consent of Applicant

I have read and agree to the following:

- 1. I certify that the information I have provided in this application is true, complete and accurate in all respects, including my declarations as to citizenship and immigration status in Canada, institutions attended and that all available information requested in this application has been disclosed.
- 2. All information I have provided in connection with this application is subject to verification and audit by York University.
- 3. I shall provide supporting documentation to York University to verify my eligibility upon request.

4. I consent to the disclosure by York University of personal information I have given in this application as follows:

- a. to referees I have named and to other educational institutions when necessary to verify my statements.
- b. to family members, friends or representatives named below who may enquire on my behalf about my application.

Name of person who may enquire on my behalf: _____

Relationship to me:

5. I understand that any misrepresentation on this application or failure to provide my consent to authorize York University to verify my information on this application may result in cancellation of my admission or enrolment status.

Applicant's signature: _____ Date: _____

Disposal of records

All documents must be originals. Replaceable documents become the property of York University and will not be returned. We keep supporting documents for one year, after which we destroy materials related to your application.

If the request is made upon application, irreplaceable documents will be returned to the original document holder.

Submit this application form to: Office of Admissions **Bennett Centre for Student Services** 99 Ian MacDonald Blvd. York University Toronto, Ontario, M3J 1P3 Canada

Once you have submitted your application, you will receive an e-mail containing your York reference number. You can then track the progress of your application and submit required supporting documents at yorku.ca/myfile. For document details, visit futurestudents.yorku.ca/requirements/docs required