

## GRADUATE PROGRAMS APPLICATION FORM OFFICE OF THE REGISTRAR

ALL APPLICATIONS MUST BE ACCOMPANIED BY A NON-REFUNDABLE PROCESSING FEE

STUDENT ID #					

1	PLEASE SELECT APPROPRIATE CATEGO	ORY FOR APPLICATION PROCESSION INTERNATIONAL STUDENTS—\$100	ING FEE	
	BEGINNING S	EMESTER/YEAR		
SEPTEMBERYEA	r 🗖 January year 🗖 summer s	SESSION I (MAY) YEAR	MMER SESSION II (JULY) YEAR	
A. PERSONAL DATA PLE	ASE PRINT CLEARLY			
NAME				
LAST	FIRST	MIDDLE		
		_		
FORMER NAME(S), IF APPLIC	ABLE	PREFERRED NAME		
SOCIAL INSURANCE NUMBER	R (if applicable, optional) DATE OF BIRTH	GE	ENDER	
		NYTH VEAR	MALE FEMALE	
DAY MONTH YEAR  ABORIGINAL PEOPLES (VOLUNTARY DECLARATION) Aboriginal peoples include individuals who are status, non-status, Métis, or Inuit. Based on this, do you consider yourself an aboriginal person? This information is collected for statistical purposes, to assist the University in assessing and improving services to students who are aboriginal.				
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B. PERMANENT ADDR	ESS NOTICE IN WRITING REQUIRED IF ANY CH	ANGE		
STREET OR BOX NUMBER				
TOWN/CITY	PROVINCE/STATE	COUNTRY	POSTAL/ZIP CODE	
HOME TELEPHONE	WORK TELEPHONE	ACTIVE EMAIL (keep UPEI updated via campus login with ID# & PIN	-	
CURRENT MAILING ADDRESS (KEEP UPEI UPDATED—VIA CAMPUS LOGIN WITH ID# & PIN)				
STREET OR BOX NO.				
TOWN/CITY	PROVINCE/STATE	COUNTRY	POSTAL/ZIP CODE	
HOME TELEPHONE	WORK TELEPHONE	ACTIVE EMAIL (keep UPEI updated via campus login with ID# & PIN)		
EMERGENCY CONTAC	Т			
LAST	FIRST	MIDDLE		
RELATIONSHIP				
HOME TELEPHONE	WORK TELEPHONE	ACTIVE EMAIL (keep UPEI updated via campus login with ID# & PIN)		

## C. EDUCATIONAL OBJECTIVES AND FACULTY CHOICE

•	DOCTORAL PROGRAMS					
	Faculty of Education					
	☐ Doctor of Philosophy in Educational Studies					
	Faculty of Veterinary Medicine—Doctor of Philosophy					
	☐ Department of Biomedical Sciences ☐ Department of Health Management ☐ Department of Pathology & Microbiology					
	Faculty of Science—Doctor of Philosophy					
	☐ Molecular and Macromolecular Sciences ☐ Environmental Sciences					
•	MASTER'S PROGRAMS					
	Faculty of Arts					
	☐ Master of Arts, Island Studies					
	School of Business					
	☐ Master of Business Administration					
	Faculty of Education					
	☐ Master of Education in Leadership in Learning [Cohort name					
	School of Nursing					
	<ul> <li>□ Master of Nursing—Thesis Stream</li> <li>□ Master of Nursing—Nurse Practitioner Stream</li> <li>□ Master of Applied Health Services Research</li> </ul>					
	Faculty of Science—Master of Science					
	☐ Molecular and Macromolecular Sciences ☐ Human Biology ☐ Environmental Sciences					
	Faculty of Veterinary Medicine—Master of Science					
	☐ Department of Biomedical Sciences ☐ Department of Companion Animals ☐ Department of Health Management					
	Department of Pathology & Microbiology					
	Master of Veterinary Science					
	Department of Companion Animals  Department of Health Management  Department of Pathology & Microbiology					
	POST-GRADUATE DIPLOMA					
	Faculty of Veterinary Medicine					
	Department of Pathology & Microbiology					
	Proposed Supervisor (required if faculty of science or veterinary medicine)					
	NAMES OF REFEREES					
	SPECIAL STUDENT: Student who is not enrolled in a degree or diploma program at UPEI.					
	☐ Courses for personal enrichment ☐ Credit transfer to another university					
	Other (explain)					
D	LANGUAGE SKILLS					
υ.	D. LANGUAGE SKILLS  ☐ FIRST LANGUAGE (IF OTHER THAN ENGLISH)					
☐ THE LANGUAGE OF INSTRUCTION THROUGHOUT MY EDUCATION WAS ENGLISH.						
	☐ THE LANGUAGE OF INSTRUCTION THROUGHOUT MY EDUCATION WAS ENGLISH. ☐ I HAVE TAKEN AN ENGLISH-LANGUAGE PROFICIENCY TEST. (OFFICIAL MARKS REQUIRED FROM TEST COMPANY.)					
	☐ CanTest ☐ IELTS ☐ MELAB ☐ TOEFL ☐ Other					
	☐ I WILL BE TAKING AN ENGLISH-LANGUAGE PROFICIENCY TEST AND THE RESULTS WILL BE AVAILABLE BY					
	MONTH VEAD					

Ŀ.	I UDEN IS WITH DISABILITIES  ompletion of the following is voluntary and will remain confidential.  r the purposes of this questionnaire, disabilities are long term or recurring impairments and include: mobility, sensory, mental health, physical and/or learning disabilities.			
	Do you consider yourself a person with a disability? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			
	*If you require accommodation that relates to your disability, you must register with Accand forms, please visit: <b>upei.ca/studentlife/accessibility</b> ). Your contact information with a contact information with the conta			
F.	ACADEMIC HISTORY (TO BE COMPLETED BY ALL APPLICANTS) LIST ALL PREVIOUS EDUCATIONAL EXPERIENCE & INDICATE DEGREES, DIPLADDITIONAL INSTITUTIONS, ATTACH A SEPARATE PAGE.	LOMAS, OR CERTIFICATES RECEIVED. IF YOU NEED TO LIST		
	POST-SECONDARY (COLLEGES OR UNIVERSITIES): OFFICIAL TRANSCRIPT(S) MUST F	BE FORWARDED DIRECTLY FROM EACH COLLEGE/UNIVERSITY EXCEPT UPEI		
	OFFICIAL NAME OF SCHOOL	LOCATION		
	DATES OF ATTENDANCE/ TO MONTH/YEAR TO MONTH/YEAR	(If currently enrolled) I plan to leave/		
	DECREES DIDLOMAS OR CERTIFICATES RECEIVED	Thesis-based YES NO		
•	DEGREES, DIPLOMAS, OR CERTIFICATES RECEIVED  POST-SECONDARY (COLLEGES OR UNIVERSITIES): OFFICIAL TRANSCRIPT(S) MUST F	SE FORWARDED DIRECTLY FROM EACH COLLEGE/UNIVERSITY EXCEPT UPEI		
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	DATES OF ATTENDANCE			
	DEGREES, DIPLOMAS, OR CERTIFICATES RECEIVED	Thesis-based		
	POST-SECONDARY (COLLEGES OR UNIVERSITIES): OFFICIAL TRANSCRIPT(S) MUST F	SE FORWARDED DIRECTLY FROM EACH COLLEGE/UNIVERSITY EXCEPT UPEI		
	OFFICIAL NAME OF SCHOOL	LOCATION		
	DATES OF ATTENDANCE/	. (If currently enrolled) I plan to leave/		
	DEGREES, DIPLOMAS, OR CERTIFICATES RECEIVED	Thesis-based YES NO		
G.	. LEGAL RESIDENCE			
	PROVINCE OF LEGAL RESIDENCE (where you graduated from high school, where your parents live, or where you have live any post-secondary institution)	d for more than or equal to 12 months while NOT a student at		
	COUNTRY OF PERMANENT LEGAL RESIDENCE COUNTRY OF CUR	RENT CITIZENSHIP		
Η.	. IF NOT CANADIAN CITIZEN, IMMIGRATION STATUS			
	$\square$ permanent resident $\square$ no student authorization at this time	ME $\square$ STUDENT AUTHORIZATION $\square$ OTHER CANADIAN VISA		
	ENTRY DATE TO CANADA MONTHYEAR			
I.	RESIDENCE—STUDENT ON-CAMPUS HOUSING Please Note If you wish to stay in a UPEI residence, a separate residence application for (902) 628-4368.	m is required and available at <b>upei.ca/residence/apply</b> or by calling		
J.	I UNDERSTAND THAT FAILURE TO DISCLOSE MY ATTENDANCE AT ANY COTRANSCRIPTS WHERE APPLICABLE, MAY RESULT IN THE DENIAL OF THIS UNIVERSITY. I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, ALL STATTRUE AND THAT ALL RECORDS ARE COMPLETE AND UNALTERED. IF ACCERGREE TO ABIDE BY THE UNIVERSITY'S REGULATIONS.	APPLICATION OR MY SUBSEQUENT DISMISSAL FROM THE TEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND		
	SIGNATURE	DATE		

 $FAX\ THIS\ COMPLETED\ FORM\ TO\ (902)\ 566-0795\ OR\ MAIL\ TO$   $REGISTRAR'S\ OFFICE\ \bullet\ UNIVERSITY\ OF\ PEI\ \bullet\ 550\ UNIVERSITY\ AVENUE\ \bullet\ CHARLOTTETOWN\ \bullet\ PE\ \bullet\ CANADA\ \bullet\ C1A\ 4P3$