

**The completed application must be submitted for approval to the academic unit offering the diploma program.**

Student Information	
First Name	Last Name
Student Number	Address
E-Mail Address	Telephone Number
Current Masters Program	Research Interest
Program Start Date	Program End Date

Academic Information				
All Universities/ Colleges attended or attending from most recent	Country	From month/year	To month/year	Degree received or Expected

Courses Completed (name, number, credit)

Courses Currently Enrolled In (name, number, credit)

Explain why you are interested in the Graduate Diploma Program

Signature	Date
-----------	------

Authorized Academic Unit	Authorized Signature (Coordinator or Advisor)
--------------------------	---

Please contact CRS at 416.736.2100 extension 30391 or email [crsedpro@yorku.ca](mailto:crsedpro@yorku.ca) Visit our website at [www.yorku.ca/crs](http://www.yorku.ca/crs) for more information.