

Supplementary Program Information

Faculty of Graduate Studies—Graduate Program in Development Studies

Name:	
Student Number:	
Date Submitted:	

1. List the development courses you have taken by year and academic institution (e.g. university or community college).

Title of Course	Year	Institution
1.		
2.		
3.		
4.		
5.		
6.		
7.		

2. Language skills: Please list the language that you read/write/speak, and your level of competency in each area (excellent | good | fair).

Language	Reading	Writing	Spoken

3. Please list all relevant professional experience in development.

Job Title	Year	Employer
1.		
2.		
3.		
4.		
5.		
6.		

4. Please list all internships that you have participated in.

Name of Organization	Year	Employer
1.		
2.		
3.		
4.		
5.		
6.		

5. Have you applied for any external scholarships or awards?

OGS	SSHRC
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Other (please specify)

6. Please list persons who have been asked to send reference letters on your behalf. We also request permission to write to any or all the references for any further information deemed necessary. Please indicate whether you agree to this.

I agree to having my references contacted: Yes No

Please note: no file will be reviewed until all letter of recommendation have been received.

Name	Address/Institution	E-mail
1.		
2.		
3.		

7. If there are any particular professors in the program with whom you hope to work, please name and explain why.

- 1.**
- 2.**
- 3.**

Note: Please submit all required documents. Specific documents can be uploaded directly through MyFile; these documents will be clearly identified on MyFile with an "Upload" link. Other documents not identified with the "Upload" link must be submitted by mail. Incomplete files will not be processed.