Supplementary Program Information Graduate Program in Development Studies (DVST) —York University

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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		
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 pr <u>ofessors in the program with whom you hope to work, ple</u> ase name and explain why.
1.
2.
3.
8. How did you hear about the Development Studies program?
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.