

## SUPPLEMENTARY INFORMATION FORM

Master of Science in Management Practice  
Faculty of Liberal Arts and Professional Studies

Salutation (Ms/Mrs/Mr) \_\_\_\_\_

Legal First Name \_\_\_\_\_

Legal Surname \_\_\_\_\_

Email \_\_\_\_\_

York Reference Number \_\_\_\_\_

Phone \_\_\_\_\_

Please indicate your specialization preference (1st choice, 2nd, 3rd choice):

Applied Accounting Research \_\_\_\_\_

Applied Marketing Research \_\_\_\_\_

Supply Chain Management \_\_\_\_\_