

Internal Application to Graduate Studies—Program Outreach

The student should submit this form to the Program Office. The Program Office will forward this form to the Manager, Student Affairs, Office of the Dean, Faculty of Graduate Studies.

First Name	Last Name
Student Number	E-mail
Current Undergraduate Program	Expected Date of Graduation (mm/dd/yyyy)
Proposed Graduate Program	Proposed Start Term <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer Year: _____
Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Status in Canada <input type="checkbox"/> Domestic <input type="checkbox"/> International
Program Use Only	
Supplementary Materials to be Provided by the Student (statement of interest, writing samples, references, etc.)	
<p>I have read and agree to the following:</p> <ol style="list-style-type: none"> 1. I certify that the information I have provided in this application is true, complete and accurate in all respects, including my declarations as to citizenship and immigration status in Canada, institutions attended and that all available information requested in this application has been disclosed. 2. All information I have provided in connection with this application is subject to verification and audit by York University. 3. I shall provide supporting documentation to York University to verify my eligibility upon request. 4. I consent to the disclosure by York University of personal information I have given in this application as follows: <ul style="list-style-type: none"> • I understand that any misrepresentation on this application or failure to provide my consent to authorize York University to verify my information on this application may result in cancellation of my admission or enrolment status. 5. Eligible students must have an "A" or higher (7.8) cumulative GPA at York, and complete their final year of study in time for the proposed admit term. 	
Student Signature	Date (mm/dd/yyyy)
Graduate Program Director Name & Signature	Date (mm/dd/yyyy)
Internal Use Only	
Faculty of Graduate Studies—Office Use Only <input type="checkbox"/> GPA Verified _____ <input type="checkbox"/> FGS Decision _____ Date (mm/dd/yyyy)	Comments

Privacy: Personal information in connection with this form is collected under the authority of *The York University Act, 1965* and will be used for educational, administrative and statistical purposes. If you have any questions about the collection, use and disclosure of personal information by York University, please contact: Faculty of Graduate Studies, 230 York Lanes, (416)736-2100 x 55521.