



Graduate Application for Admission

Personal Details

1	Name:	_____ (FAMILY/LAST)	_____ (GIVEN/FIRST)	_____ (MIDDLE NAME)
2	Other Details:	<input type="radio"/> Male <input type="radio"/> Female	Native Language: _____	Citizenship: _____
3	Canadian ID:	B.C. P.E.N.: _____	S.I.N.: _____	
4	Date of Birth:	_____ (Month)	_____ (Day)	_____ (Year)
Birthplace (City and Country): _____				
5	Permanent Home Address in Country of Citizenship (Required) *Student contact information ONLY* (Post office boxes may not be used)			
Number and Street: _____				
City: _____		State/Province: _____		Country: _____
Telephone: _____		Fax: _____		Email: _____
6	Mailing Address for School Documents (if different from home address)			
Number and Street: _____				
City: _____		State/Province: _____		Country: _____
Telephone: _____		Fax: _____		Email: _____
7	Mailing Address for Educational Consultant or Advisor (If Applicable)			
Contact Name: _____		Number and Street: _____		
City: _____		State/Province: _____		Country: _____
Telephone: _____		Fax: _____		Email: _____
8	Emergency Contact			
Contact Name: _____			Relation to Student: _____	
Number and Street: _____				
City: _____		State/Province: _____		Country: _____
Telephone: _____		Fax: _____		Email: _____
9	Status in Canada:	<input type="checkbox"/> Canadian Citizen/Permanent Resident <input type="checkbox"/> Currently Hold Canadian Study Permit <input type="checkbox"/> Visitor Visa <input type="checkbox"/> Will Apply for Canadian Study Permit <input type="checkbox"/> Other		

Education

1	High School Education: *Required	Select One: <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Other
		School Name: _____ City/Province or State: _____
		Country: _____ Graduation Date: _____ (Month) _____ (Year)
2	Post Secondary Education 1: List the educational institution where undergraduate/bachelors degree was completed. *Required	School Name: _____
		City/Province or State: _____ Country: _____
		Dates: from: _____ (Month) _____ (Year) to: _____ (Month) _____ (Year)
		Degree Received: _____

Education (continue)

3	Post Secondary Education 2: (College, University...) If necessary, attach additional sheet with details of all further education.	School Name: _____
		City/Province or State: _____ Country: _____
		Dates: from: _____ to: _____ (Month) (Year) (Month) (Year)
		Degree Received: _____
		*Are you applying for transfer credits? <input type="radio"/> Yes <input type="radio"/> No (Maximum 9 credits - graduate level courses ONLY)
4	FDU Program Start Date:	Year: 20 _____ Semester: <input type="checkbox"/> Fall (August) <input type="checkbox"/> Spring (January) <input type="checkbox"/> Summer (May)
5	FDU Program Selection:	Master of Administrative Science *with a specialization in: <input type="checkbox"/> Computer Security and Forensic Administration <input type="checkbox"/> Emergency Management Administration <input type="checkbox"/> Global Health and Human Services Administration <input type="checkbox"/> Global Leadership and Administration <input type="checkbox"/> Global Technology Administration <input type="checkbox"/> Human Resources Administration
6	I have taken or plan to take the following English test:	<input type="checkbox"/> TOEFL test Test date: _____ Score (if finished): _____ <input type="checkbox"/> IELTS test Test date: _____ Score (if finished): _____ <input type="checkbox"/> Other: _____ Test date: _____ Score (if finished): _____

Additional Information

1	How did you first learn about Fairleigh Dickinson University?	<input type="checkbox"/> Relative/Friend <input type="checkbox"/> Agency (Name: _____) <input type="checkbox"/> FDU Student: _____ <input type="checkbox"/> Newspaper (Name: _____) <input type="checkbox"/> FDU Staff: _____ <input type="checkbox"/> Internet (Specify: _____) <input type="checkbox"/> Canadian Embassy <input type="checkbox"/> Other (Specify: _____)
2	I would like assistance to arrange:	<ul style="list-style-type: none"> • Homestay accommodation in Vancouver: <input type="radio"/> Yes <input type="radio"/> No • Airport pickup when I arrive: <input type="radio"/> Yes <input type="radio"/> No • Medical insurance: <input type="radio"/> Yes <input type="radio"/> No <i>(all students must have a valid medical insurance policy)</i>
3	Release of information: (Required for students using an educational agency)	I hereby authorize _____ (Name) who is <input type="checkbox"/> family member <input type="checkbox"/> friend <input type="checkbox"/> educational consultant <input type="checkbox"/> other: _____, to make inquires on my behalf during the application process.
4	I have included the following documents to support this application (Copy of transcripts MUST be included)	<input type="checkbox"/> Post secondary transcripts (fax/scan now and provide originals later) <input type="checkbox"/> Two recommendation letters (on original letterhead from a teacher or employer) <input type="checkbox"/> A letter discussing your education and academic objectives to support your application <input type="checkbox"/> Copy of information page in your valid passport <input type="checkbox"/> English test scores (if completed)

I declare that the information given on this application is true and complete to the best of my knowledge. I understand that any unanswered questions will delay the processing of my application and may require its return.

Any misrepresentation or falsification of documentation or information may result in cancellation of admission or registration or dismissal from the University.

I understand that the information submitted on this application will be used to verify or assign a Personal Education Number (PEN) for the purposes of student registration and admission, program evaluation and system-level research.

SIGNATURE OF APPLICANT (same as passport)

DATE

Fairleigh Dickinson University is committed to providing equal opportunity to all qualified persons and does not discriminate on the basis of race, religion, creed, national origin, sex, disability, age, sexual preference, sexual orientation, marital status, military status or veteran's status with regard to recruitment, admission or matriculation.

This program is offered under the written consent of the Minister of Advanced Education of British Columbia, Canada effective April 27, 2011 having undergone a quality assessment process and been found to meet the criteria established by the minister. Nevertheless, prospective students are responsible for satisfying themselves that the program and the degree will be appropriate for their needs (for example, acceptable to potential employers, professional licensing bodies, or other educational institutions).

Fairleigh Dickinson University, a private, not-for-profit American university operating in the province of British Columbia, Canada, is committed to protecting the confidentiality of the personal information of its students and employees by ensuring compliance with the *Personal Information Protection Act (PIPA)*. The University collects, uses and maintains personal information from students and employees, at both its Vancouver campus and its U.S. campuses in New Jersey, in a manner that is consistent with *PIPA* guidelines. For further information about the University's privacy policy, please contact the University's privacy officer at privacyofficer@fdu.edu.