

APPLICATION FOR ADMISSION
TO THE SCHOOL OF GRADUATE STUDIES (SGS)



THE UNIVERSITY OF NEW BRUNSWICK
Fredericton and Saint John Campuses
New Brunswick, Canada

SURNAME OR FAMILY NAME

 GIVEN NAMES

 SOCIAL INSURANCE NUMBER
 DATE OF BIRTH (YYYY-MM-DD)

CITIZENSHIP

 FIRST LANGUAGE

CONTACT INFORMATION
CURRENT INFORMATION FOR CORRESPONDENCE RELATING TO THIS APPLICATION - ANY CHANGES? NOTIFY SGS OF NEW INFORMATION

APARTMENT NUMBER
 NUMBER AND STREET

 CITY
 PROVINCE
 POSTAL CODE
 COUNTRY

 RESIDENCE TELEPHONE
 FAX NUMBER

 BUSINESS TELEPHONE
 E-MAIL ADDRESS

 DEGREE SOUGHT
 GRADUATE PROGRAM
 SPECIALIZATION
 CAMPUS

 WHEN DO YOU PLAN TO COMMENCE STUDIES? MONTH
 YEAR
 FULL TIME IF YOU HAVE ATTENDED UNB, PLEASE INDICATE YOUR STUDENT NUMBER
 PART TIME

POST SECONDARY INSTITUTIONS ATTENDED

ALL DEGREE PROGRAMS IN WHICH YOU HAVE BEEN ENROLLED	UNIVERSITY INSTITUTION	DATES	TRANSCRIPT ATTACHED OR BEING SENT?
<input type="text"/>	<input type="text"/>	<input type="text"/>	ATTACHED <input type="checkbox"/> BEING SENT <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	ATTACHED <input type="checkbox"/> BEING SENT <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	ATTACHED <input type="checkbox"/> BEING SENT <input type="checkbox"/>

FINANCIAL ASSISTANCE

FINANCIAL ASSISTANCE REQUIRED? IF YES, PLEASE SPECIFY
 IF FINANCIAL ASSISTANCE IS NOT AVAILABLE, DO YOU STILL WANT YOUR APPLICATION TO BE CONSIDERED?

NAMES AND ADDRESSES OF THREE REFEREES FOR WHOM LETTERS OF RECOMMENDATION ARE INCLUDED

NAME AND POSITION	NAME AND POSITION	NAME AND POSITION
<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS <input type="text"/>	ADDRESS <input type="text"/>	ADDRESS <input type="text"/>

CHECKLIST

I HAVE: Completed and signed the application Enclosed three letters of reference in signed and sealed envelopes
 Included two official copies of my transcript(s) Enclosed the \$50.00 (Canadian funds) application fee
 OR Arranged for two copies of my transcript(s) to be sent directly to SGS Enclosed any additional documentation required by the program to which I am applying

I HEREBY CERTIFY THAT ALL STATEMENTS AND SUPPORTING DOCUMENTATION ARE CORRECT AND COMPLETE INCLUDING MY DECLARATION OF CITIZENSHIP AND STATUS IN CANADA. I UNDERSTAND THAT ANY MISREPRESENTATION MAY RESULT IN THE CANCELLATION OF MY ADMISSION OR REGISTRATION STATUS AND I MAY BE REQUIRED TO SUBMIT DOCUMENTARY EVIDENCE TO SUBSTANTIATE MY DECLARATIONS AT A LATER DATE.

DATE APPLICANT'S SIGNATURE

FOR GRADUATE ACADEMIC UNIT (GAU) USE ONLY

THIS APPLICANT IS RECOMMENDED FOR: ACCEPTANCE REJECTION PLEASE SPECIFY
 ADMITTED AS: Qualifying Student Visiting/Exchange Master's Candidate Ph. D. Candidate Graduate Diploma Probationary
 START DATE: January May July (Education) September
 YEAR
 ANY SPECIAL CONDITIONS OF ACCEPTANCE
 NAME OF PROPOSED SUPERVISOR(S)
 DETAILS OF GAU/RA FUNDING KNOWN TO DATE
 APPROVED BY DIRECTOR OF GRADUATE STUDIES
 FULL TIME PART TIME FREDERICTON CAMPUS SAINT JOHN CAMPUS
 DATE

FOR SCHOOL OF GRADUATE STUDIES USE ONLY

UNB STUDENT NUMBER APPLICANT INFORMED OF DECISION
 DATE APPROVED BY SCHOOL OF GRADUATE STUDIES