

# GRADUATE STUDIES APPLICATION—PART A2

READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING.  
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. PRINT CAREFULLY.

OFFICE USE ONLY	
Dalhousie ID Number:	B
Fee Paid:	\$

INDICATE IF CURRENT OR FORMER DALHOUSIE EMPLOYEE:  YES  NO

FAMILY NAME If previously registered under a different name, indicate FORMER FAMILY NAME

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GIVEN NAMES TITLE (MR., MS., MRS., MISS, DR.)

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MAILING ADDRESS & EFFECTIVE DATES	EFFECTIVE FROM:	DAY	MONTH	YEAR	EFFECTIVE TO:	DAY	MONTH	YEAR	
	MAILING ADDRESS (NUMBER & STREET)								
	CITY						PROV/STATE	POSTAL/ZIP CODE	
	COUNTRY						TELEPHONE NUMBER		

HOME OR OTHER MAILING ADDRESS & EFFECTIVE DATES	EFFECTIVE FROM:	DAY	MONTH	YEAR	EFFECTIVE TO:	DAY	MONTH	YEAR	
	MAILING ADDRESS (NUMBER & STREET)								
	CITY			PROV/STATE	POSTAL/ZIP CODE	COUNTY OF PERM. RES. (NS, NB, PEI RES. ONLY)			
	COUNTRY			TELEPHONE NUMBER					

E-MAIL ADDRESS GENDER  M  F BIRTHDATE (DD/MM/YYYY) SOCIAL INSURANCE NUMBER

IMMIGRATION STATUS (INDICATE ONE) COUNTRY OF PERMANENT RESIDENCE DATE OF ENTRY (DD/MM/YYYY)  
PERMANENT RESIDENTS & VISA STUDENTS ONLY

CANADIAN CITIZEN  PERMANENT RESIDENT  STUDENT VISA

SEE "GRADUATE FIELDS OF STUDY, SUBJECT CODES, AND DEGREES" IN THE "APPLICATION FOR ADMISSION—GUIDELINES"

APPLICATION DATA	FOR WHICH DEGREE ARE YOU APPLYING?	PROPOSED FIELD OF STUDY	SUBJECT CODE
	ARE YOU APPLYING TO MORE THAN ONE PROGRAM?	IF YES, WHAT PROGRAMS? (PLEASE NOTE: A SEPARATE APPLICATION IS REQUIRED FOR EACH PROGRAM)	
	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> FULL-TIME STUDY <input type="checkbox"/> PART-TIME STUDY	DATE YOU WISH TO COMMENCE STUDIES:	<input type="checkbox"/> HOUSING REQUIRED? <input type="checkbox"/> STUDENT WITH SPECIAL NEEDS

LIST ALL POST-SECONDARY INSTITUTIONS ATTENDED (CONTINUE ON A SEPARATE SHEET IF NECESSARY)

ACADEMIC HISTORY	<input type="checkbox"/> DALHOUSIE <input type="checkbox"/> NSAC	DALHOUSIE/NSAC STUDENT NUMBER	CALENDAR YEARS ATTENDED	NAME OF DEGREE/DIPLOMA	DATE DEGREE AWARDED/EXPECTED
	INSTITUTION (OTHER THAN DALHOUSIE/NSAC)	LOCATION/COUNTRY	CALENDAR YEARS ATTENDED	NAME OF DEGREE/DIPLOMA	DATE DEGREE AWARDED/EXPECTED

I have read all information contained in this application. I hereby certify that all of the above information and all information on supporting documents is correct and complete. I agree to follow and be bound by the regulations of the University, including any revisions, deletions or additions made to them in the future. I understand that failure to disclose information will result in disciplinary action. I understand that if the University finds to the contrary, my association with, admission to, or registration in the University may be rescinded and cancelled after notice in writing to me at my home address as shown hereon, or amended by me at a later date. I understand that Dalhousie University will verify any information provided as part of this application and that information on falsified documents is shared with the Association of Universities and Colleges of Canada. Furthermore, I agree to pay all fees associated with my registration and enrolment at NSAC/Dalhousie University.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE ENSURE THAT YOUR APPLICATION IS COMPLETE BY REFERRING TO THE APPLICATION FOR ADMISSION—GUIDELINES