

International Master of Engineering Programs

APPLICATION FORM

Faculty of Graduate Studies and Research, University of Windsor

Application Fee: \$85.00 CAD /\$85.00 US FUNDS

Cheque/Draft payable to: University of Windsor



Send all communications to:

University of Windsor International Outreach Office 240 Broadview Ave., Second Floor Toronto, Ontario, Canada, M4M 2G7
Tel +1 416.461.1570 Fax (416) 461.3716 E-mail: eng@windsorwired.org Web: www.windsorwired.org/eng.php

PRINT: FULL NAME IN THE ORDER IT APPEARS IN YOUR PASSPORT, INCLUDING FAMILY NAME	PRINT FAMILY NAME ONLY
--	------------------------

MAILING ADDRESS	CITIZENSHIP	Male <input type="checkbox"/> Female <input type="checkbox"/>
-----------------	-------------	---

MARITAL STATUS	DATE OF BIRTH
Single <input type="checkbox"/> Married <input type="checkbox"/>	DAY _____ MONTH _____ YEAR _____

HOME PHONE	MOBILE PHONE	FAX	EMAIL(S)
------------	--------------	-----	----------

Have you traveled abroad before? Yes No
If yes, list countries: _____

VISA STATUS IN CANADA: Student Permanent Resident Canadian Citizen
SESSION: JANUARY 20 MAY 20 SEPTEMBER 20

MONTHS/YEARS OF ATTENDANCE	NAME OF SCHOOL / UNIVERSITY AND NAME OF CITY (BEGIN WITH LAST SCHOOL BEFORE UNIVERSITY)	MAJOR	NAME OF DEGREE/ DIPLOMA / CERTIFICATE IF NOT YET RECEIVED, PUT DATE EXPECTED
PROGRAM SELECTION	<input type="checkbox"/> Master of Engineering Civil Stream	<input type="checkbox"/> Master of Engineering Electrical Stream	
	<input type="checkbox"/> Master of Engineering Industrial Stream	<input type="checkbox"/> Master of Engineering Environmental Stream	
	<input type="checkbox"/> Master of Engineering Materials Stream	<input type="checkbox"/> Master of Engineering Mechanical Stream	

EMPLOYMENT HISTORY – PLEASE ATTACH A CURRICULUM VITAE (RESUMÉ)

	YEAR	MONTH	ACTIVITY OR NATURE OF WORK and TITLE	EMPLOYER (IF APPROPRIATE)
FROM:				
TO:				

I UNDERSTAND THAT THE PERSONAL AND ACADEMIC INFORMATION COLLECTED ON THIS APPLICATION WILL BE USED BY THE UNIVERSITY OF WINDSOR FOR MAKING DECISIONS RELATED TO ADMISSIONS AND FOR COMMUNICATING WITH ME. AFTERWARDS, THIS INFORMATION MAY BE USED BY THE UNIVERSITY, STUDENT HEALTH AND DENTAL INSURANCE PROVIDERS, THE MINISTRY OF TRAINING, COLLEGES AND UNIVERSITIES AND STATISTICS CANADA.

I HEREBY CERTIFY THAT ALL STATEMENTS ARE CORRECT AND COMPLETE INCLUDING MY DECLARATION OF CITIZENSHIP AND STATUS IN CANADA.

I UNDERSTAND THAT I MAY BE REQUIRED TO PROVIDE DOCUMENTATION AT SOME FUTURE DATE TO SUBSTANTIATE MY APPLICATION. I AUTHORIZE THE UNIVERSITY OF WINDSOR TO VERIFY ANY INFORMATION PROVIDED AS PART OF THIS APPLICATION.

I UNDERSTAND THAT AN ADMISSION GRANTED ON THE BASIS OF THIS APPLICATION OR SUPPORTING DOCUMENTS WILL BE REVOKED IF THE INFORMATION GIVEN IS UNTRUE IN ANY MATERIAL RESPECT. I UNDERSTAND THAT ANY MISREPRESENTATION MADE BY ME MAY RESULT IN THE CANCELLATION OF MY ADMISSION OR REGISTRATION STATUS AT ANY TIME. I UNDERSTAND AND ACCEPT THAT SHOULD I MAKE A MISREPRESENTATION THAT THIS INFORMATION MAY BE SHARED WITH THE ASSOCIATION OF UNIVERSITIES AND COLLEGES OF CANADA AND WITH OTHER ACADEMIC INSTITUTIONS IN CANADA. I ALSO AUTHORIZE THE SHARING OF ANY MISREPRESENTATION WITH THE GOVERNMENT OF CANADA INCLUDING THE DEPARTMENT OF CITIZENSHIP AND IMMIGRATION.

PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE UNIVERSITY OF WINDSOR ACT AND UNIVERSITY OF WINDSOR, SENATE BY-LAW 31 AND IT IS COLLECTED FOR THE PURPOSE OF ADMINISTERING THE UNIVERSITY/STUDENT RELATIONSHIP. QUESTIONS ABOUT THE COLLECTION OF THIS INFORMATION SHOULD BE DIRECTED TO THE DIRECTOR OF REGISTRARIAL SERVICES AT (519) 253 – 3000 OR REGISTRAR@UWINDSOR.CA.

APPLICANT'S SIGNATURE _____ **DATE** _____

FOR OFFICE USE ONLY
PAID Cash Draft/Cheque Fee w/rep _____ Fee w/office _____

I prefer to pay \$85 Canadian by Visa Mastercard. Credit card Number _____ Expiry date _____

Cardholder name is _____ Cardholder signature _____ *Statement will show as "Higher-Edge".

Faculty of Graduate Studies and Research
Confidential Report on Applicant for Graduate Study

This section to be filled in by Applicant (please type or print)

Name of Applicant:

Surname

First

Middle

Proposed Academic Study Area: _____

Candidate for Master's Program or Doctoral Program

This section to be filled in by referee and placed in a sealed envelope and returned directly to student in the envelope provided. Please sign the back of the envelope over the seal once it has been closed. The student will then forward your confidential report to the University of Windsor along with other required application materials.

1. How long and how well have you known the applicant? In what relationship?

2. Please rate the applicant relative to other students in the same field in recent years.

	Out- Standing	Very Good	Good	Average	Poor	Unable to Judge
Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for the Proposed Program of Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please rank this student as a candidate for the degree for which s/he is applying.

Highly Recommended Recommended Doubtful Unsuitable

4. In the space below or in a separate letter, please add any comments which will assist in providing a complete picture of the candidate's abilities and potential.

Referee's Name (please print or type): _____

Title: _____

Institution: _____

Date: _____ Signature: _____