

C. EDUCATIONAL OBJECTIVES AND FACULTY CHOICE

● **DOCTORAL PROGRAMS**

Faculty of Education

Doctor of Philosophy in Educational Studies

Faculty of Veterinary Medicine—Doctor of Philosophy

Department of Biomedical Sciences Department of Health Management Department of Pathology & Microbiology

Faculty of Science—Doctor of Philosophy

Molecular and Macromolecular Sciences Environmental Sciences

● **MASTER'S PROGRAMS**

Faculty of Arts

Master of Arts, Island Studies

School of Business

Master of Business Administration

Faculty of Education

Master of Education in Leadership in Learning [Cohort name _____ (if appropriate)]

School of Nursing

Master of Nursing—Thesis Stream Master of Nursing—Nurse Practitioner Stream

Master of Applied Health Services Research

Faculty of Science—Master of Science

Molecular and Macromolecular Sciences Human Biology Environmental Sciences

Faculty of Veterinary Medicine—Master of Science

Department of Biomedical Sciences Department of Companion Animals Department of Health Management

Department of Pathology & Microbiology

Master of Veterinary Science

Department of Companion Animals Department of Health Management Department of Pathology & Microbiology

● **POST-GRADUATE DIPLOMA**

Faculty of Veterinary Medicine

Department of Pathology & Microbiology

Proposed Supervisor (required if faculty of science or veterinary medicine)

NAMES OF REFEREES

SPECIAL STUDENT: Student who is not enrolled in a degree or diploma program at UPEI.

Courses for personal enrichment Credit transfer to another university

Other (explain) _____

D. LANGUAGE SKILLS

FIRST LANGUAGE (IF OTHER THAN ENGLISH) _____

THE LANGUAGE OF INSTRUCTION THROUGHOUT MY EDUCATION WAS ENGLISH.

I HAVE TAKEN AN ENGLISH-LANGUAGE PROFICIENCY TEST. (OFFICIAL MARKS REQUIRED FROM TEST COMPANY.)

CanTest IELTS MELAB TOEFL Other _____

I WILL BE TAKING AN ENGLISH-LANGUAGE PROFICIENCY TEST AND THE RESULTS WILL BE AVAILABLE BY

MONTH _____ YEAR _____

E. STUDENTS WITH DISABILITIES

Completion of the following is voluntary and will remain confidential.

For the purposes of this questionnaire, disabilities are long term or recurring impairments and include: mobility, sensory, mental health, physical and/or learning disabilities.

Do you consider yourself a person with a disability? YES* NO

*If you require accommodation that relates to your disability, you must register with Accessibility Services and provide appropriate documentation (for information and forms, please visit: upei.ca/studentlife/accessibility). Your contact information will be shared with UPEI Accessibility Services.

F. ACADEMIC HISTORY (TO BE COMPLETED BY ALL APPLICANTS)

LIST ALL PREVIOUS EDUCATIONAL EXPERIENCE & INDICATE DEGREES, DIPLOMAS, OR CERTIFICATES RECEIVED. IF YOU NEED TO LIST ADDITIONAL INSTITUTIONS, ATTACH A SEPARATE PAGE.

- POST-SECONDARY (COLLEGES OR UNIVERSITIES): OFFICIAL TRANSCRIPT(S) MUST BE FORWARDED DIRECTLY FROM EACH COLLEGE/UNIVERSITY EXCEPT UPEI

OFFICIAL NAME OF SCHOOL _____ LOCATION _____
DATES OF ATTENDANCE ____/____/____ TO ____/____/____ (If currently enrolled) I plan to leave ____/____/____
FROM MONTH/YEAR TO MONTH/YEAR MONTH/YEAR
DEGREES, DIPLOMAS, OR CERTIFICATES RECEIVED Thesis-based YES NO

- POST-SECONDARY (COLLEGES OR UNIVERSITIES): OFFICIAL TRANSCRIPT(S) MUST BE FORWARDED DIRECTLY FROM EACH COLLEGE/UNIVERSITY EXCEPT UPEI

OFFICIAL NAME OF SCHOOL _____ LOCATION _____
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G. LEGAL RESIDENCE

PROVINCE OF LEGAL RESIDENCE
(where you graduated from high school, where your parents live, or where you have lived for more than or equal to 12 months while NOT a student at any post-secondary institution)

COUNTRY OF PERMANENT LEGAL RESIDENCE COUNTRY OF CURRENT CITIZENSHIP

H. IF NOT CANADIAN CITIZEN, IMMIGRATION STATUS

PERMANENT RESIDENT NO STUDENT AUTHORIZATION AT THIS TIME STUDENT AUTHORIZATION OTHER CANADIAN VISA

ENTRY DATE TO CANADA MONTH _____ YEAR _____

I. RESIDENCE—STUDENT ON-CAMPUS HOUSING

Please Note If you wish to stay in a UPEI residence, a separate residence application form is required and available at upei.ca/residence/apply or by calling (902) 628-4368.

J. I UNDERSTAND THAT FAILURE TO DISCLOSE MY ATTENDANCE AT ANY COLLEGE OR UNIVERSITY, AND FAILURE TO SUBMIT TRANSCRIPTS WHERE APPLICABLE, MAY RESULT IN THE DENIAL OF THIS APPLICATION OR MY SUBSEQUENT DISMISSAL FROM THE UNIVERSITY. I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE AND THAT ALL RECORDS ARE COMPLETE AND UNALTERED. IF ACCEPTED TO THE UNIVERSITY OF PRINCE EDWARD ISLAND, I AGREE TO ABIDE BY THE UNIVERSITY’S REGULATIONS.

SIGNATURE _____ DATE _____

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