

# Internal Application to Graduate Studies—Program Outreach

Once completion is verified, the form will be forwarded to Graduate Admissions.  
The student submits this form to the Graduate Program.

| Student information   |  |
|---|--|
| Surname   | Given name(s)  |
| Student number  | E-mail   |
| Current Undergraduate Program   | Expected Date of Graduation  |
| Proposed Graduate Program   | Proposed Start Term<br><input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring |
| Status<br><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | Status in Canada<br><input type="checkbox"/> Domestic <input type="checkbox"/> International                         |

## Program Use Only

Supplementary Materials to be Provided by the Student (statement of interest, writing sample, references, etc.)

I have read and agree to the following:

1. I certify that the information I have provided in this application is true, complete and accurate in all respects, including my declarations as to citizenship and immigration status in Canada, institutions attended and that all available information requested in this application has been disclosed.
2. All information I have provided in connection with this application is subject to verification and audit by York University.
3. I shall provide supporting documentation to York University to verify my eligibility upon request.
4. I consent to the disclosure by York University of personal information I have given in this application as follows:
  - I understand that any misrepresentation on this application or failure to provide my consent to authorize York University to verify my information on this application may result in cancellation of my admission or enrolment status.
5. Eligible students must have an “B+” or higher (7) cumulative GPA at York, and complete their final year of study in time for the proposed admit term.

|  |                   |
|--|-------------------|
| Student Signature                          | Date (mm/dd/yyyy) |
| Graduate Program Director Name & Signature | Date (mm/dd/yyyy) |

## Internal Use Only (Faculty of Graduate Studies—Office Use Only)

|   |          |
|---|----------|
| <input type="checkbox"/> GPA Verified _____<br><input type="checkbox"/> FGS Decision _____<br>Date (mm/dd/yyyy) _____ | Comments |
|---|----------|

**Privacy:** Personal information in connection with this form is collected under the authority of The York University Act, 1965 and will be used for educational, administrative and statistical purposes. If you have any questions about the collection, use and disclosure of personal information by York University, please contact: Faculty of Graduate Studies, 230 York Lanes, (416) 736-2100 x 55521.