



Application for Admission

N.B. DO NOT WRITE IN THE SHADED AREAS

A. IDENTIFICATION

LAST NAME AT BIRTH		FIRST NAME		HAVE YOU EVER APPLIED AT UQAT? <input type="checkbox"/> NO <input type="checkbox"/> YES Year _____	
DATE OF BIRTH Year Month Day	PLACE OF BIRTH (CITY AND/OR COUNTRY)	CANADIAN SOCIAL INSURANCE NUMBER	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HAVE YOU EVER REGISTERED IN COURSES AT UQAT? <input type="checkbox"/> NO <input type="checkbox"/> YES	
STATUS IN CANADA 1 <input type="checkbox"/> Canadian Citizen 2 <input type="checkbox"/> Permanent resident landed immigrant		IF YOU ARE NOT A CANADIAN CITIZEN SPECIFY YOUR CITIZENSHIP 3 <input type="checkbox"/> Residence permit for studies / Student Visa 4 <input type="checkbox"/> Other residence permit / Other Visa		LANGUAGE SPOKEN (Language normally used at home at time of application) 1 <input type="checkbox"/> French 2 <input type="checkbox"/> English 3 <input type="checkbox"/> Other	
FATHER'S LAST NAME		FATHER'S FIRST NAME		FIRST LANGUAGE LEARNED (AND STILL UNDERSTOOD) 1 <input type="checkbox"/> French 2 <input type="checkbox"/> English 3 <input type="checkbox"/> Other	
MOTHER'S MAIDEN NAME		MOTHER'S FIRST NAME		PREFERRED LANGUAGE FOR CORRESPONDENCE 1 <input type="checkbox"/> French 2 <input type="checkbox"/> English	

B. ADDRESS

NUMBER	STREET	APT.	P.O. BOX
CITY OR OTHER MUNICIPALITY		PHONE NUMBER (HOME)	
PROVINCE, STATE OR COUNTRY	POSTAL CODE	PHONE NUMBER (BUSINESS)	EXT.
E-MAIL ADDRESS			

C. INFORMATION REQUIRED FOR ADMISSIONS PURPOSES

If you have completed your primary, secondary or postsecondary studies in Québec, you must indicate your permanent code, issued to you by the Ministère de l'Éducation

APPLICATION TYPE (CHECK A or B)

A DEGREE PERMITTING THE REQUESTED STUDIES, IN SUPPORT OF THE APPLICATION FOR ADMISSION

DIPLOMA (DEC OR OTHER) _____ PROGRAM (OR SPECIALIZATION) _____

INSTITUTION THAT DELIVERED OR THAT WILL DELIVER THE DIPLOMA SHORTLY _____

PERMANENT CODE OF THE MINISTÈRE DE L'ÉDUCATION _____

1 Pending 2 Obtained 3 Date obtained MONTH YEAR _____

B UNDERGRADUATE STUDIES: 21 YEARS OF AGE, EXPERIENCE RELEVANT TO THE PROGRAM IN QUESTION

Double admission Integration

D. TYPE OF ADMISSION REQUESTED

WHEN DO YOU WISH TO BEGIN YOUR STUDIES?
YEAR _____ TERM 1 WINTER 2 SUMMER 3 FALL

STUDENT STATUS
1 FULL-TIME 2 PART-TIME 3 RESEARCH

ONLY THE APPLICANT WITH THE STATUS OF REGULAR STUDENT MAY COMPLETE THIS SECTION

PROGRAM REQUESTED

1 _____ Educational specialization or program type (if applicable) _____

IF THE PROGRAM REQUESTED IS OF LIMITED ACCESS, YOU MAY INDICATE ANOTHER CHOICE

2 _____ Educational specialization or program type (if applicable) _____

3 ONLY APPLICANTS WITH CASUAL STUDENT OR AUDITOR STATUS MAY COMPLETE THIS SECTION

SPECIFY THE STATUS REQUESTED 3 Casual student 2 Auditor

IF POSSIBLE, WRITE THE COURSES TO WHICH YOU WISH TO BE ADMIPTED _____ course _____ course _____ course _____

IF YOU INTEND TO TAKE THIS PROGRAM AT A CAMPUS OTHER THAN ROUYN-NORANDA, PLEASE SPECIFY WHICH ONE _____

RESERVED

Programme	Base d'admission	Avis de pièces manquantes				État du dossier	Palement reçu	Vérifié par
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
Expérience pertinente	Programme 1	_____	Programme 2	_____	_____	_____	_____	_____

E. SUMMARY OF ACADEMIC EXPERIENCE AND EMPLOYMENT HISTORY

1. EDUCATION

PLEASE SPECIFY YOUR PROFESSIONAL, VOLUNTEER OR OTHER WORK EXPERIENCE, STARTING WITH THE MOST RECENT.

2. EMPLOYMENT RELEVANT TO THE REQUESTED PROGRAM (START WITH THE LATEST)

EMPLOYER	DURATION OF EMPLOYMENT		JOB POSITION/MAIN DUTIES
	From	To	

SUPPLY ADDITIONAL INFORMATION ON SEPARATE SHEETS, IF REQUIRED

SPACE RESERVED FOR GRADUATE PROGRAM CANDIDATES

F. RECOMMENDATIONS

SPECIFY THE NAME AND ADDRESS OF THREE (3) PEOPLE WHO HAVE AGREED TO SUPPLY REFERENCES ON YOUR BEHALF.

Name _____	Name _____	Name _____
Address _____	Address _____	Address _____

IF YOU HAVE CHOSEN A PROGRAM THAT REQUIRES A RESEARCH THESIS, SPECIFY THE PROPOSED FIELD OF RESEARCH

IF NEEDED, SPECIFY THE NAME OF THE PROFESSOR YOU HAVE ASKED TO GUIDE YOUR RESEARCH.

G. SIGNATURE

I, the undersigned, hereby understand that I submit myself to the internal rules and guidelines of the Université du Québec en Abitibi-Témiscamingue, and I accept these regulations and decisions. "By signing this document, the applicant accepts the provisions of the Act and of the regulations of the Université du Québec, as well as the provisions of the regulations, resolutions, policies, procedures and norms of the Université du Québec en Abitibi-Témiscamingue currently in effect, and as they may be subsequently amended". I certify that all of the information I have supplied herein is correct.

The Université du Québec en Abitibi-Témiscamingue hereby informs you that it shall only provide the Ministère de l'Éducation with information necessary to create and validate your Permanent Code, in accordance with an agreement authorized by the Commission d'accès à l'information.

For the purpose of this application, I authorize the institutions at which I have studied and the Ministère de l'Éducation to provide UQAT and CREPUQ, within the context of the mandate it holds regarding university institutions, the information included in my transcripts, necessary to manage my student file. This information may be used for the collection of necessary statistics, by means of institutional database sharing. I authorize UQAT to make inquiries to the *Ministère des Relations avec les citoyens et de l'immigration* (Québec Immigration) or to the *Régie de l'assurance-maladie du Québec* (Québec Medicare Office) to verify the validity of my immigration insurance status, and for MRCI to confirm the issuance of a *certificat d'acceptation* (CAQ) in my name.

X _____
 APPLICANT'S SIGNATURE DATE

RESERVED

Code de décision	Remarque(s)	Remarques relatives à la demande d'admission	
		Programme 1	Programme 2
Remarques relatives à la décision _____			
BUREAU DU REGISTRAIRE			DATE
COMITÉ DE SÉLECTION			DATE