



GRADUATE STUDIES
– Application for Admission

Application for Admission Graduate Studies Program

At this time, Mount Allison offers a Master of Science Degree in Biology and Chemistry only. Please refer to the Academic Calendar, section 12.4, for additional information.

For further information, please contact the Office of the Dean of Graduate Studies at the following address:

65 York St., Sackville, New Brunswick, Canada, E4L 1E4
 Phone: (506) 364-2302
 Fax: (506) 364-2301
 Email: gradstudies@mta.ca
 Website: [http:// www.mta.ca/apply/whoareyou/grad.html](http://www.mta.ca/apply/whoareyou/grad.html)

Last Name	First Name	Student ID
Middle Name	Preferred Name	E-mail Address
Permanent Address Number/Street/PO Box		Phone ()
		Fax ()
Town/City	Province	Country Postal Code
Current Address (if different from above) Number/Street/PO Box		
Town/City	Province	Country Postal Code
Address Valid Until year/month/day		Phone ()
Country of Citizenship		Mother Tongue
		<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other
Status in Canada (if international student)		
<input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student Visa (entry date) <input type="checkbox"/> Other visa		
Previous surname (if applicable) _____		
Social Insurance Number	Gender	Date of Birth year/month/day
	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /
Emergency Contact Name	Phone	Relationship to applicant
	()	

Proposed field of study: Biology Chemistry Biochemistry Specially-approved field _____
 Attendance at Previous Universities (include all post-secondary institutions attended).

Degree/Diploma	Year Obtained	Years Attended	Name of Institution

Name and Addresses of two References:

1. _____
2. _____

I hereby certify that all of the information is correct and 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 agree to pay all fees associated with my registration and enrolment at the University.

Applicant's Signature _____ Date _____

Office use only _____