

IMPORTANT: This form is available in dynamic PDF format allowing it to be completed on the screen once downloaded with the Adobe Acrobat Reader application. Once completed, you must print and sign it before sending it to us. Electronic signatures are not accepted.

wish to begin my studies in the	term: Fall Winter						
			Year				
Programme name			Code				
DENTIFICATION							
The spelling of your first and las	t names must correspond to those	appearing on all official docum	nents that accom	pany your	application	n form.	
Surname at Birth		Date of Birth					
First Name		Gender					
Country of Birth	City of Birth	Statut in Canada		zenship			
,				•	-	5 .	
Parent's Last Name	Parent's First Na	me		Mother	Father	Parent	
ast Name of the Parent	First Name of th	e Parent		Mother	Father	Parent	
Spoken Language (most often spoken)	Other (specify)	Mother Tongue (first language)	Oth	er (specify)			
Main Telephone	Work Telephone, extension (if applicable)	E-mail					
Address (Street Number, Street, Apartment, P	ostal Code)		It is important to provion online admission acco			_	
Country	City						
INFORMATIONS ON REQU	IREMENTS						
	ed yourself with the program's re	quirements before submittin	g your admission	n form.			
	out your education or employment ranscript, diploma, attestation of er		ou'll need to decl	are each a	chievemen	t for whic	
f you have already studied in C	Quebec, it is important to provide	your Ministère permanent co	de. <u>Where can i</u>	find this o	code?		
Ministry of Québec Education Permanent Code (MELS) (If applicable)		UQAM Permanent Code (if applic					

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INFORMATION ON UNIVERSITY STUDIES

Please list all university-level programs you have undertaken or completed, starting with the most recent. Please complete the "Information on relevant experience" section if space is insufficient.

If the degree is **To be obtained** or **Will not be obtained**, specify the number of credits completed.

			Attendand period:	ce	Obtention date:	
Name of most recent degree or diploma undertaken or completed			From (yyyy)	То (уууу)	Month	Year
			Obtain	ed		
Discipline or specialization	Institution		To obta	ain		
			Will no	be obtained		
Country (if outside Canada)	Number of credits complete	d				
			Attendand period:	ce	Obtention date:	
Other degree or diploma undertaken or completed			From (yyyy)	То (уууу)	Month	Year
			Obtain	ed		
Discipline or specialization	Institution		To obta	nin		
			Will no	be obtained		
Country (if outside Canada)	Credentials	_				
constitute proof of employment.						
Company name		Start (mm-yyyy)	Hours worked		Paid emp	oloyment
	Full time		Hours/	Week	Internsh	ip
Post occupied	Part time	End (mm-yyyy)	Total n	umber	Voluntee	er
Company name		Start (mm-yyyy)	Hours worked		D	
	Full time		Hours/		Paid emp	oloyment
Post occupied	Part time			Week	Paid emp Internsh	-
Company name		End (mm-yyyy)	Total n			p
	Full +i	End (mm-yyyy) Start (mm-yyyy)	Hours worked	umber	Internsh Voluntee Paid emp	p er oloyment
Post occupied	Full time Part time			umber 	Internsh Voluntee	p er oloyment

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REFERRALS

Please identify the three people you have asked to provide recommendations.				
	Post occupied			
Phone number		E-mail		
	Post occupied			
Phone number		E-mail		
	Post occupied			
Phone number		E-mail		
	Phone number Phone number	Phone number Post occupied Phone number Post occupied Phone number	Phone number E-mail Post occupied Phone number E-mail Post occupied Post occupied	

INFORMATION ON RELEVANT EXPERIENCE

Please indicate any other experience, other than employment, that you feel is relevant to admission. This may include publications, research, intellectual or professional contributions.

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INFORMATION FOR APPLICANTS

In accordance with the provisions of section 65 of the Act respecting access to documents held by public bodies and the protection of personal information (hereinafter the 'Act'), UQAM hereby informs you that the personal information it requests from you and that which it will subsequently enter in your file is confidential. It will be used to manage your studies, to enable UQAM to communicate with you, and for your participation in various UQAM organizations by persons authorized to do so under the Regulation respecting the confidentiality of nominative information, which may be obtained from the Secrétariat des instances de l'UQAM.

The information collected at the time of your admission is mandatory, and anyone who refuses to provide it cannot be admitted to UQAM.

You may exercise your right to access your file at the Registrar's Office and in the unit to which your programme is attached, during office hours and in the presence of a member of the unit's staff. The Act also gives you the right to rectify any information in your file.

Before exercising these rights under the provisions of the Act, we suggest that you contact the person responsible for keeping your records. If necessary, you may submit a request to the Secrétariat général, which is responsible for applying the Act at UQAM.

CONSENT - PLEASE READ CAREFULLY

I have read the "Information for applicants" section concerning the Act.

By submitting this application for admission, I consent to the use of this information by UQAM for the purpose of evaluation and registration and may be kept for as long as necessary for the evaluation of my application(s) for admission and to manage my studies, in accordance with UQAM's records retention schedule.

Where applicable, I authorize UQAM to communicate the necessary information to the entity responsible for administering admission selection tests or to communicate with any organization that has issued a document required for the evaluation of my application for admission, for the purpose of validating my results, experience or any other similar information.

I authorize UQAM, the colleges and universities I have attended and the ministry responsible for higher education in Québec to provide each other with the necessary information:

- the evaluation of my application for admission, registration or prior learning assessment (or any other document placed in my file for these purposes, even if the documents previously placed in my file were originals);
- the creation, validation and correction, if necessary, of my permanent code;
- the calculation of the grant awarded to UQAM and the compilation of statistical data, in the event of a registration on my part.

I agree that the personal information required for the management of admissions relating to the colleges and/or universities attended, and that relating to my citizenship for the purpose of establishing my tuition fees, may be validated with the ministry responsible for higher education in Quebec.

I authorize UQAM to transmit to the Bureau de la coopération interuniversitaire the information necessary for admissions management and the production of statistics that may require the linking of institutional files.

Where applicable, I authorize UQAM to communicate to the partner institution the information necessary for the management of my studies (for example, in the context of a double diploma, cotutelle, joint program, offered in association or any other form of partnership of the same nature).

Where applicable, I also authorize UQAM and the Quebec and federal departments responsible for immigration to provide each other with the information required to confirm the issuance, where applicable, of a Certificat d'acceptation du Québec (CAQ) in my name.

UQAM is committed to protecting the personal information and privacy of its members. The relationship between UQAM and you is governed by Quebec law and Canadian law applicable in Quebec.

By checking "I have read and agree", you consent to the collection, use, disclosure and communication of the personal information provided in your application for admission for the purposes set out above. Similarly, you declare that the personal information and documents provided at the time of admission, as well as in any future transaction for the purpose of validating your identity or legal status, are accurate and compliant. Finally, you declare that you agree to abide by UQAM's institutional regulations and policies.

I have read and agree. If you require any assistance regarding the sco	ope of the consent requested, please contact: registrariat@uqam.ca.
Applicant's signature	Date

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