

PhD Program Application Form for September 2021

NAME (in full):

APPLICANT NUMBER:

ADDRESS:

TELEPHONE:

 (home) (work) (cell)

EMAIL ADDRESS:

LANGUAGE(s) SPOKEN:

List name/contact information of an individual that we may contact if we are unable to reach you.

NAME:

ADDRESS:

TELEPHONE:       RELATIONSHIP:

­­Please indicate if you are submitting application documentation for (choose only one):

OPTION 1 [ ]  OPTION 2 [ ]

What is your proposed area of study?

Are you applying to any of the Collaborative Specializations? [ ]  YES [ ]  NO

If yes, please specify

Have you applied for any Scholarship Programs (i.e. OGS, SSHRC)? [ ]  YES [ ]  NO

If yes, please specify

To what other graduate programs are you applying?

**How did you find out about our program?**

|  |  |
| --- | --- |
| Website **[ ]**  | Reputation **[ ]**  |
| Referred by Professor **[ ]**  | Colleague/Family/Friend **[ ]**   |
| Referred by University/Career Fairs **[ ]**  | Alumni **[ ]**  |
| Social Media (Facebook/Instagram/Twitter) **[ ]**  | Graduated from the University of Toronto **[ ]**   |
| Other       |

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