

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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