



SCHOOL OF
GRADUATE STUDIES

Visiting Graduate Student Application for Admission

Adobe Reader, minimum version 8, is required to complete this form. Download the latest version: <http://get.adobe.com/reader>. (1) Save the form by clicking on the diskette icon on the upper left side of the screen; (2) Ensure that you are saving the file in PDF format; (3) Specify where you would like to save the file, e.g. Desktop; (4) Fill in the required data and save the file. Please review the [How to create and insert a digital signature](#) webpage for step by step instructions; (5) Email the completed form along with other required documents as noted on <http://mun.ca/sgs/current/visiting.php> to your potential supervisor.

Admission Data			
MUN No. (if known):	Please Enter Desired Start Date:		Expected End Date:
Have you previously attended Memorial?	Yes	No	If yes, when did you last attend?
Have you previously applied to Memorial?	Yes	No	If yes, when did you apply?
Research Area			
Academic Unit:		Supervisor at Memorial:	
Area of Specialization:			
Personal Information*			
Last Name:	First Name:		Middle Name:
Title (Mr., Ms., Dr., etc.):	Male	Female	Previous last name:
Canadian Social Insurance No. (Optional):		Date of Birth:	
		Day:	Month: Year:
Citizenship			
Country of Citizenship:		For Non-Canadians, check your immigration status:	
		Permanent Resident	Work Permit Study Permit
		Visitor's Visa	Unknown
Residency at the Time of Application			
Country of Residence at the time of application:		If Canada, please indicate:	
		Province:	Postal Code:
Permanent Mailing Address			
Street/PO Box:		City:	
Province/State:		Country:	
Postal/Zip Code:		Email:	
Home Telephone No.:		Business Telephone No.:	
Post-Secondary Institution Currently Attending			
Institution:		City:	
Country:		Language of Instruction:	
Supervisor:		Degree Pursued:	
Supporting Documents			
<p><i>This application form must be accompanied by a letter from your home institution confirming that you are currently a graduate student in good standing at that institution <u>and</u> a letter from the faculty member at Memorial University who will act as your supervisor during your time as a visiting research student. All documents should be submitted to your academic unit of interest. For more information, please see: http://mun.ca/sgs/current/visiting.php</i></p>			
Declaration			
<p><i>I hereby apply for enrolment as a Visiting Graduate Student at Memorial University and certify that the information contained herein is complete and correct. I understand that failure to disclose information required on the application form is considered to be an academic offence. If admitted, I agree to abide by all the rules and regulations set out by the University. I make this application in acknowledgment that it is subject to all of the provisions of current and future University Calendars, including, without restricting the generality of the foregoing, any and all limitations and qualifications set out therein. I hereby authorize Memorial University to obtain all relevant records from any school or post-secondary institution which I have attended, to verify the authenticity of all documents submitted in support of this application, and to release to agencies with a legitimate interest any non-confidential information.</i></p>			
<hr/> Signature			<hr/> Date

* Memorial University protects your privacy and maintains the confidentiality of your personal information. The information requested in this form is collected under the general authority of the Memorial University Act (RSNL1990CHAPTERM-7). It is required for the processing of your application and for administrative purposes of the School of Graduate Studies. If you have any questions about the collection and use of this information, please contact the Graduate Enrolment Manager, School of Graduate Studies at 709.864.2445 or at sgs@mun.ca.