

I D E N T I F I C A T I O N

FAMILY NAME AT BIRTH _____

FIRST NAME _____

LEGAL FAMILY NAME IF DIFFERENT FROM FAMILY NAME AT BIRTH : SEE THE GENERAL INSTRUCTIONS _____

GENDER 1 MALE 2 FEMALE

DATE OF BIRTH DAY MONTH YEAR _____

FIRST LANGUAGE LEARNT AND STILL UNDERSTOOD 1 FRENCH 2 ENGLISH 3 OTHER: _____

LANGUAGE SPOKEN MOST FREQUENTLY 1 FRENCH 2 ENGLISH 3 OTHER: _____

CANADIAN SOCIAL INSURANCE NUMBER (OPTIONAL) _____

PLACE OF BIRTH CITY _____ PROVINCE OR STATE _____ COUNTRY _____

FATHER'S FAMILY NAME _____

FATHER'S FIRST NAME _____

MOTHER'S FAMILY NAME AT BIRTH _____

MOTHER'S FIRST NAME _____

A D D R E S S

DOOR NUMBER _____ STREET _____ APARTMENT _____

RURAL MAIL ROUTE, PO BOX AND POSTAL STATION OR GENERAL DELIVERY _____

TOWN OR CITY _____

PROVINCE OR STATE _____ COUNTRY _____

POSTAL CODE _____ E-MAIL ADDRESS (IN CAPITAL LETTERS) _____

PHONE NUMBER (HOME) _____

PHONE NUMBER (WORK) _____

area code _____ number _____

EXTENSION _____

CITIZENSHIP STATUS IN CANADA

CANADIAN CITIZEN 1 PERMANENT RESIDENT (LANDED IMMIGRANT) 2 STUDENT VISA (RESIDENCE PERMIT) 3 REFUGEE 4

COUNTRY OF CITIZENSHIP: _____

IF YOU ARE A LANDED IMMIGRANT, PLEASE INDICATE IN WHICH PROVINCE YOU STAYED UPON YOUR ARRIVAL _____

CURRENT STUDIES

NAME OF EDUCATIONAL INSTITUTION _____ YEAR ATTENDED _____ DEGREE EXPECTED _____ EXPECTED DATE OF GRADUATION _____

FROM _____ TO _____

PREVIOUS EDUCATION

NAME OF EDUCATIONAL INSTITUTIONS (STARTING WITH THE MOST RECENT)	YEARS ATTENDED		DEGREE OR DIPLOMA	DATE OF GRADUATION OR EXPECTED DATE OF GRADUATION	
	FROM	TO		MONTH	YEAR
_____	-	-	_____	_____	_____
_____	-	-	_____	_____	_____
_____	-	-	_____	_____	_____

QUEBEC STUDENTS PERMANENT CODE (IF PERTINENT) _____

CURRENT EMPLOYMENT (CANDIDATES COMING FROM THE LABOUR MARKET)

TITLE OR POSITION: _____ EMPLOYER: _____

ADDRESS: _____

ENTRY NUMBER IN THE RECORDS OF THE QUEBEC REGISTRY OF CIVIL STATUS (IF PERTINENT)

EMPLOYMENT DURING YOUR STUDIES

FULL TIME YES NO PART TIME YES NO TITLE OR POSITION: _____ EMPLOYER: _____

SCOLARSHIP APPLICATION

HAVE YOU ALREADY RECEIVED A SCHOLARSHIP FOR YOUR UPCOMING STUDIES ? YES FUNDING AGENCY: _____ NO

HAVE YOU SUBMITTED A SCHOLARSHIP APPLICATION ? YES FUNDING AGENCY: _____ NO

LANGUAGE PROFICIENCY (Please indicate you level of proficiency in French, English or another language by checking off the appropriate spaces)
(E = EXCELLENT; G = GOOD; P = POOR)

LANGUAGE	I READ			I UNDERSTAND			I WRITE			I SPEAK		
	E	G	P	E	G	P	E	G	P	E	G	P
FRENCH												
ENGLISH												

ADDITIONAL SHEETS TO PROVIDE

REFERENCES (PROVIDE FOR EACH CHOSEN PROGRAM THE NAMES AND ADDRESSES OF THREE FORMER PROFESSORS OR EMPLOYERS)

I AM REQUESTING TRANSFER CREDITS YES, DEFINE YOUR REQUEST

PREVIOUS APPLICATIONS

DID YOU APPLY TO UNIVERSITÉ DE MONTRÉAL DURING THE PAST TWELVE MONTHS ? YES NO

DID YOU APPLY IN THE PAST FOR GRADUATE STUDIES AT UNIVERSITÉ DE MONTRÉAL ? YES YEAR _____ NO

ARE YOU CURRENTLY REGISTERED AT UNIVERSITÉ DE MONTRÉAL OR HAVE YOU BEEN REGISTERED IN THE PAST ? YES NO

Undergraduate Studies YES NO Graduate Studies YES NO PROGRAM: _____

SPACE RESERVED FOR UNIVERSITY

PAYS _____ CITOYENNETÉ _____ ÉTABLISSEMENT DE PROVENANCE _____ NIVEAU D'ÉTUDES _____ FRAIS D'ADMISSION _____ MONNAIE AMÉRICAINNE PIÈCE NAISSANCE _____ RQ _____ DATE DE RÉCEPTION JR MS AN _____ PROV. _____ ORIG. _____

PROGRAM CHOICE (A second choice is exceptional, your preparation and interests taken into account)

TERM OF ENTRY : AUTUMN 4 WINTER 1 SUMMER 2 YEAR: 20 __ __

FIRST CHOICE

PROGRAM NUMBER : -- STATUS : FULL TIME 1 HALF TIME 2 PART TIME 4

NAME OF PROGRAM: _____

TITLE OF ORIENTATION, OPTION, SPECIALIZATION, CONCENTRATION OR RESEARCH FIELD: _____

MODE (check appropriate box) : THESIS WITHOUT THESIS PRACTICAL TRAINING WITH DIRECTED STUDIES AND PROJECT

I REQUEST AUTHORIZATION TO SUBMIT MY THESIS IN A LANGUAGE YES : GIVE REASONS FOR REQUEST WITH A DETAILED JUSTIFICATION ON A SEPARATE SHEET. OTHER THAN FRENCH.

NAME OF FUTURE SUPERVISOR, ONLY IF CONFIRMED _____

NAME OF PREFERRED SUPERVISOR (FACULTY OF MUSIC) _____

NAME OF THE MUSICAL INSTRUMENT (SEE PAGE 4, ON LIST OF PROGRAMS AND REQUIRED DOCUMENTS) : _____

JOINT SUPERVISION / COTUTELLE:

YES, INDICATE NAME OF INSTITUTION : _____

N.B.: COPY OF AGREEMENT TO BE FORWARDED LATER

SECOND CHOICE

PROGRAM NUMBER : -- STATUS : FULL TIME 1 HALF TIME 2 PART TIME 4

NAME OF PROGRAM: _____

TITLE OF ORIENTATION, OPTION, SPECIALIZATION, CONCENTRATION OR RESEARCH FIELD: _____

MODE (check appropriate box) : THESIS WITHOUT THESIS PRACTICAL TRAINING WITH DIRECTED STUDIES AND PROJECT

I REQUEST AUTHORIZATION TO SUBMIT MY THESIS IN A LANGUAGE ES : GIVE REASONS FOR REQUEST WITH A DETAILED JUSTIFICATION ON A SEPARATE SHEET. OTHER THAN FRENCH.

NAME OF FUTURE SUPERVISOR, ONLY IF CONFIRMED _____

NAME OF PREFERRED SUPERVISOR (FACULTY OF MUSIC) _____

NNAME OF PREFERRED SUPERVISOR (FACULTY OF MUSIC) _____

NAME OF THE MUSICAL INSTRUMENT (SEE PAGE 4, ON LIST OF PROGRAMS AND REQUIRED DOCUMENTS) : _____

JOINT SUPERVISION / COTUTELLE:

YES, INDICATE NAME OF INSTITUTION : _____

N.B.: COPY OF AGREEMENT TO BE FORWARDED LATER

AUTHORIZATION AND DECLARATION

I authorize the Ministère de l'Éducation, du Loisir et du Sport du Québec (Ministry of Education, Leisure and Sport of Quebec) and the educational institutions where I have studied to disclose my academic records to Université de Montréal. I understand that Université de Montréal will provide the Ministère de l'Éducation, du Loisir et du Sport (Ministry of Education, Leisure and Sport) the information needed to create or validate my Permanent Code. I authorize Université de Montréal to transmit to the Conference of Rectors and Principals of Quebec (CREPUQ) information for the purpose of admissions operations and the production of statistics. I authorize Université de Montréal to release information requested about me by summons. If applicable, I authorize the Ministère des Relations avec les citoyens et de l'Immigration (Ministry of Relations with Citizens and Immigration) to confirm to Université de Montréal, on my behalf, deliverance of the Quebec Certificate of Acceptance.(CAQ) . I certify that I have read the information provided with the application form and that all statements are correct and complete. I acknowledge that any false declaration or omission of giving relevant information in a document related to my admission or my registration may result in revoking my admission or registration to Université de Montréal.

SIGNATURE OF APPLICANT (FATHER, MOTHER OR LEGAL GUARDIAN IF THE APPLICANT IS A MINOR) DATE

I refuse 1, in conformity with the Act Respecting Access to Documents held by Public Bodies and the Protection of Personal Information, that information concerning me be transferred to the persons or agencies listed on page 3 under the title Personal information.

SIGNATURE OF APPLICANT (FATHER, MOTHER OR LEGAL GUARDIAN IF THE APPLICANT IS A MINOR) DATE