

This document contains the instructions and forms that will allow you to apply to a graduate program at UQAM. Please review the application deadlines and the specific requirements of certain programs at www.etudier.uqam.ca/admission.

Please print, read carefully and complete this document. To make sure that your application is complete, please read the admission requirements in the official program descriptions : www.etudier.uqam.ca/programmes.

REQUIRED DOCUMENTS

All applications must include :

- proof of citizenship (photocopy of birth certificate or citizenship card);
- a non-refundable admission fee of \$144 CAD, payable by credit card (see attached payment form), money order or bank draft made out to UQAM. If you are applying from a country where transfers by money order or bank draft cannot be processed, please consult the following link for the transfer of admission fees : www.etudier.uqam.ca/frais-admission. Proof of the transfer submitted by the bank must be enclosed with your application.

Exact French or English translations, certified by the consulate or the embassy of the country of origin or by the *Ordre des traducteurs, terminologues et interprètes agréés du Québec* (OTTIAQ) must accompany all the original documents if they are written in a language other than French or English.

ALSO TO BE INCLUDED WITH APPLICATION

- the original application completed;
- the certified copie of the original diplomas and transcripts of all previous academic years (every semester);
- an outline of research interests : letter of intent (for the Master's degree) or research project (for the Doctorate);
- three reports or reference letters, including two from professors or researchers;
- a curriculum vitae with relevant attestations of employment. These must contain certain specific information. Please refer to www.etudier.uqam.ca/documents-requis;
- a personal letter of motivation summarizing your academic history;
- and any other document required by the program or programs' application process.

Failure to include all required documents will delay the processing of your application and may even result in a refusal.

Knowledge of French

All candidates must have sufficient knowledge of the French language. The *sous-comité d'admission et d'évaluation* (Admission and Assessment Subcommittee - SCAE) may impose a test of French knowledge or French as a second language courses to a candidate whose first language is not French.

SUBMIT YOUR COMPLETE APPLICATION TO ONE OF THE FOLLOWING ADDRESSES

Mailing Address :

Université du Québec à Montréal
Registrariat – Admission
Case postale 6190, succursale Centre-ville
Montréal (Québec) H3C 4N6
CANADA

Street Address (registered mail) :

Université du Québec à Montréal
Pavillon J.-A.-DeSève, local DS-R110
320, rue Sainte-Catherine Est
Montréal (Québec) H2X 1L7
Métro Berri-UQAM

Applications sent by e-mail or fax will not be considered.

Before sending your application, did you :

- Answer all the questions on the form and include all the required documents;
- Verify the specific requirements of the desired program(s) (www.etudier.uqam.ca/exigences-programmes-2e-3e-cycles);
- Include payment for the processing of your file;
- Complete, if applicable, the referee report forms (*les formulaires Rapport de répondant*)?

Do not forget to fill out the Personal Identification Form (*Fiche d'identification personnelle*) for each subsequent dispatch in a separate envelope : www.etudier.uqam.ca/admission-formulaires

IDENTIFICATION

The spelling of your surnames and first names must correspond in full to that appearing on the official documents accompanying your application, and on your arrival, to the spelling of your surnames and first names appearing on the documents confirming your status (CSQ, CAQ, study permit, etc.).

Last Name at Birth

Birth Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Usual First Name

Sex

Female Male

Permanent Code (alphanumeric) if you have already studied at UQAM

Permanent Code (alphanumeric) from the *Ministère de l'Éducation et de l'Enseignement supérieur* (if you have already studied in Québec)

Status in Canada

<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> First Nations or Inuit
<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Diplomatic Visa
<input type="checkbox"/> Study Permit	<input type="checkbox"/> Temporary Resident Permit
<input type="checkbox"/> Work Permit	<input type="checkbox"/> Refugee

Citizenship

Canadian Other (specify)

Place of Birth (city)

Country of Birth

Father's Name at Birth

Father's Usual First Name

Mother's Name at Birth

Mother's Usual Name

Home Telephone

<input type="text"/>	<input type="text"/>	-	<input type="text"/>
Area Code	Number		

Other Telephone

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
Area Code	Number		Extension	

Email

Mailing Address

Civic Number

Street Name and Type

Street Direction

City

Country (if different from Canada)

Apartment/Unit Number

Postal Code

Home Address (if different from mailing address)

Civic Number

Street Name and Type

Street Direction

City

Country (if different from Canada)

Apartment/Unit Number

Postal Code

Spoken Language (Language spoken most often at home)

French
 English
 Other (specify) _____

Mother Tongue (First language learned and still understood)

French
 English
 Other (specify) _____

APPLICATION DEADLINES

FALL : **Regular Deadlines** (www.etudier.uqam.ca/dates) WINTER : **SEPTEMBER 15**

We recommend that international applicants apply **before February 1 for the fall term and before August 1 for the winter term** in order to apply to the immigration services and arrive at UQAM in time for the beginning of the desired term. Any application received after the deadline may be transferred to a later term.

REQUESTED PROGRAMS

Some programs have special admission requirements. Visit www.etudier.uqam.ca/exigences-programmes-2e-3e-cycles. A international student is required to register full-time for every semester. Check the desired programs' guidelines to ensure they are offered full-time.

I want to begin my studies in the: Winter Summer Fall Year

First choice Short program DESS (Diploma in Specialized Higher Studies) Master's Doctorate

Title

Option, concentration or specialty

Code

Second choice Short program DESS (Diploma in Specialized Higher Studies) Master's Doctorate

Title

Option, concentration or specialty

Code

For UQAM's use	
<input type="text"/>	<input type="text"/>
Payment received	Verified
<input type="checkbox"/> Cash	<input type="checkbox"/> Credit
<input type="checkbox"/> Money order / Certified cheque	<input type="checkbox"/> Debit
<input type="checkbox"/> Bank transfer	

ACADEMIC HISTORY

Please indicate all university-level programs you have undertaken or completed, beginning with the most recent. Please add a sheet if necessary.

Name of most recent degree or diploma

Discipline or specialization

Institution attended

Country (if not Canada)

Level or diploma

Discipline or specialization

Institution attended

Country (if not Canada)

Obtained In progress

Will not be obtained

Years attended

From (year) to (year)

Graduation date

Month Year

Obtained In progress

Will not be obtained

Years attended

From (year) to (year)

Graduation date

Month Year

REFERENCES

Please indicate the names and addresses of the three people you asked to complete a «Report» about you.

Name	Address
1	
2	
3	

AREA OF RESEARCH, DISSERTATION OR THESIS

Have you asked a UQAM professor to supervise your thesis or dissertation?

Yes (Supervisor's name)

No

EMPLOYMENT HISTORY

Please indicate the positions you have held, starting with the most recent. Professional experience or other forms of implication in the field can sometimes be considered for admission purposes. **It is essential to attach relevant attestations from employers or supervisors.** In addition to confirming the duration and nature of the positions held, the attestations must contain a brief description of the duties and tasks performed. **A curriculum vitae or employment contract can in no way be considered proof of employment. A lack of certified employment may compromise an applicant's eligibility for the program.**

Name of employer

Position occupied

Paid position Internship Volunteer Full-time Part-time

Duration of employment

From
Month Year

To
Month Year

Name of employer

Position occupied

Paid position Internship Volunteer Full-time Part-time

Duration of employment

From
Month Year

To
Month Year

Name of employer

Position occupied

Paid position Internship Volunteer Full-time Part-time

Duration of employment

From
Month Year

To
Month Year

INFORMATION ABOUT RELEVANT EXPERIENCE

Please indicate any other experience, other than employment, which seems relevant to your admission. This may include any publications, research, intellectual and professional contributions. Include an additional sheet if necessary.

READ CAREFULLY BEFORE SIGNING

I have read the attached information regarding the Act Respecting Access to Documents Held by Public Bodies and the Protection of Personal Information. I authorize UQAM to send the information described in the application instructions to the parties listed therein.*

Applicant's Signature Date

I authorize the colleges that I have attended, as well as the *Ministère de l'Éducation et de l'Enseignement supérieur* (MEES) to provide UQAM through the *Bureau de coopération interuniversitaire* (BCI), the necessary transcripts for the evaluation of my application. I authorize the educational institutions that I have attended, in Québec and elsewhere, to transmit to UQAM at any time, official copies of the documents necessary for the evaluation of my application, registration, recognition of prior learning or any other document in my file for that purpose, even if the original versions have already been filed.

I authorize UQAM to transmit to the BCI the necessary information for managing admissions and producing statistics needed for linking the institutions' files. Under an agreement authorized by the Commission d'accès à l'information, the information necessary for the creation and validation of the permanent code will be transmitted to the MEES; I authorize UQAM to obtain this information from the MEES. I also authorize that the information needed to manage the admissions for the institution attended, as well as citizenship information to establish my tuition fees, be validated by the MEES. Likewise I authorize the *Ministère de l'Immigration, de la Francisation et de l'Intégration* (MIFI) to transmit to UQAM the confirmation of the issue of an Acceptance Certificate (CAQ), if applicable, in my name. I declare that the information given on this form is correct and I promise to comply with UQAM's regulations.

Applicant's Signature Date

I declare that the information provided on this form is correct and I promise to comply with UQAM's regulations.

Applicant's Signature Date

* In case of objection, complete, sign and attach the statement of objection.

TO BE COMPLETED BY POSTGRADUATE APPLICANT

Note : Please submit this form to a person (professor or employer) who is qualified to evaluate your professional training and research skills. Ask him/her to return the original of the completed document to the Registrariat – Admission as soon as possible. **This document does not constitute an attestation of experience.** Note that each program has the right to require the filing of reports.

Surname at birth

Usual first name

Birth date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Beginning of studies

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Winter	Summer	Fall	Year

TO BE COMPLETED BY THE REFEREE

Surname

First name

You knew the candidate while you were his/her :

- Research Supervisor
- Program Director
- Professor (multiple courses)
- Professor (one course)
- Immediate Supervisor
- Hierarchical Supervisor
- Other : _____

You knew the candidate while (s)he was a :

- Research Assistant
- Academic Assistant
- Graduate Student
- Student
- Employee
- Other : _____

You have known the candidate for :

<input type="text"/>	<input type="text"/>
Years(s)	Month(s)

Please give your opinion about the candidate by checking the corresponding box for each aspect to be considered.

	Fair	Good	Very Good	Excellent	Insufficient knowledge of candidate
Acquired knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgement and maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality and imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of written and oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General aptitude for research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall appreciation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any additional information you consider relevant to the candidate's skills and abilities to successfully complete postgraduate studies and to conduct research.

Please note that upon request, the candidate will be able to consult this report and upon written request, obtain a copy from the Registrar's office once the admission decision has been made.

Referee's signature _____

Institution _____ Date _____

Please return the original along with two copies directly and as soon as possible to:

Registrariat – Admission
 Université du Québec à Montréal
 CP 6190 SUCC CENTRE-VILLE
 MONTRÉAL QC H3C 4N6
 CANADA

TO BE COMPLETED BY POSTGRADUATE APPLICANT

Note : Please submit this form to a person (professor or employer) who is qualified to evaluate your professional training and research skills. Ask him/her to return the original of the completed document to the Registrariat – Admission as soon as possible. **This document does not constitute an attestation of experience.** Note that each program has the right to require the filing of reports.

Surname at birth

Birth date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Usual first name

Beginning of studies

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Winter	Summer	Fall	Year

TO BE COMPLETED BY THE REFEREE

Surname

First name

You knew the candidate while you were his/her :

- Research Supervisor
- Program Director
- Professor (multiple courses)
- Professor (one course)
- Immediate Supervisor
- Hierarchical Supervisor
- Other : _____

You knew the candidate while (s)he was a :

- Research Assistant
- Academic Assistant
- Graduate Student
- Student
- Employee
- Other : _____

You have known the candidate for :

<input type="text"/>	<input type="text"/>
Years(s)	Month(s)

Please give your opinion about the candidate by checking the corresponding box for each aspect to be considered.

	Fair	Good	Very Good	Excellent	Insufficient knowledge of candidate
Acquired knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgement and maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality and imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of written and oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General aptitude for research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall appreciation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any additional information you consider relevant to the candidate's skills and abilities to successfully complete postgraduate studies and to conduct research.

Please note that upon request, the candidate will be able to consult this report and upon written request, obtain a copy from the Registrar's office once the admission decision has been made.

Referee's signature _____

Institution _____ Date _____

Please return the original along with two copies directly and as soon as possible to:

Registrariat – Admission
Université du Québec à Montréal
CP 6190 SUCC CENTRE-VILLE
MONTRÉAL QC H3C 4N6
CANADA

TO BE COMPLETED BY POSTGRADUATE APPLICANT

Note : Please submit this form to a person (professor or employer) who is qualified to evaluate your professional training and research skills. Ask him/her to return the original of the completed document to the Registrariat – Admission as soon as possible. **This document does not constitute an attestation of experience.** Note that each program has the right to require the filing of reports.

Surname at birth

Birth date

Day	Month	Year

Usual first name

Beginning of studies

Winter	Summer	Fall	Year

TO BE COMPLETED BY THE REFEREE

Surname

First name

You knew the candidate while you were his/her :

- Research Supervisor
- Program Director
- Professor (multiple courses)
- Professor (one course)
- Immediate Supervisor
- Hierarchical Supervisor
- Other : _____

You knew the candidate while (s)he was a :

- Research Assistant
- Academic Assistant
- Graduate Student
- Student
- Employee
- Other : _____

You have known the candidate for :

Years(s)	Month(s)

Please give your opinion about the candidate by checking the corresponding box for each aspect to be considered.

	Fair	Good	Very Good	Excellent	Insufficient knowledge of candidate
Acquired knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgement and maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality and imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of written and oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General aptitude for research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall appreciation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any additional information you consider relevant to the candidate's skills and abilities to successfully complete postgraduate studies and to conduct research.

Please note that upon request, the candidate will be able to consult this report and upon written request, obtain a copy from the Registrar's office once the admission decision has been made.

Referee's signature _____

Institution _____ Date _____

Please return the original along with two copies directly and as soon as possible to:
Registrariat – Admission
 Université du Québec à Montréal
 CP 6190 SUCC CENTRE-VILLE
 MONTRÉAL QC H3C 4N6
 CANADA

ACT RESPECTING ACCESS TO DOCUMENTS OF PUBLIC BODIES AND THE PROTECTION OF PERSONAL INFORMATION (L.R.Q., CHAPITRE A-2.1)

- 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, UQAM hereby informs you that all personal information you have provided as well as the information to be recorded in your file is confidential. It will be used for the management of your studies and your participation in various UQAM organizations by the persons authorized to do so under the *Règlement sur la confidentialité des renseignements nominatifs*, a copy of which can be obtained from the Secrétariat des instances at UQAM.
- The information requested for your application must be submitted and failure to do so will lead UQAM to refuse your application.
- You have the right to access your file at the *Registrariat* or at your program's department bureau, during office hours and in the presence of a department staff member. The Act also ensures your right to correct information in your file. Before exercising these rights under the Act's provisions, you should contact *Registrariat*. If required, a request can be made to the UQAM *Secrétariat général*, responsible for the Act's application in room D-4600, in the Athanase-David Pavilion.

- By signing the application form in the space provided, you agree to transmit your address, telephone number, date of birth, program and status to organizations or individuals who request it for the specific purposes listed on the reverse side.
- The consent referred to above can be revoked at any time by means of the attached statement of objection.
- If you object to the transmission of information to any one of those mentioned on the reverse side, you must complete the statement of objection and include it when filing the application form.



ACT RESPECTING ACCESS TO DOCUMENTS OF PUBLIC BODIES AND THE PROTECTION OF PERSONAL INFORMATION (L.R.Q., chapitre A-2.1)

PLEASE WRITE IN CAPITALS

PLEASE DO NOT SEND THIS STATEMENT IF THERE IS NO OBJECTION

Name _____ First name _____

Address _____ Apt. _____

City _____ Province / country _____

Postal code _____ Telephone _____

Permanent code (for UQAM's use)

--	--	--	--	--	--	--	--	--	--	--	--

Birth date

Day	Month					Year	

Signature _____

Date

Day	Month					Year	

Statement of Objection

I hereby object to the transmission of my address, telephone number, birthdate, identification of my program, my permanent code and my status to :

(CHECK)

- a a student association recognized by UQAM, for the purpose of identifying me or communicating with me;
- b the *Services à la vie étudiante* (student services), to create an electronic directory of UQAM students;
- c a governmental or para-governmental body or to an enterprise for the purpose of recruiting candidates for employment or for disseminating non-commercial information;
- d the college where I graduated for statistical purposes;
- e a professional corporation or body for the purpose of registering with that corporation or organization;
- f the *Fondation de l'UQAM* for the purpose of communicating with me;

- g an alumni association for the purpose of communicating with me;
- h (in the case of students from outside of Quebec) the provider of medical coverage, the Canadian Government, the Québec Government, the granting agency or the certified government representatives concerned, in order to confirm my status;

and, in addition to the information given above,

- i a granting agency, for the purpose of identifying candidates for a bursary or fellowship or to confirm my program;
- j a UQAM researcher, for the purpose of continuing research; I also object to the transmission of any other personal information necessary for the purpose of research.

CREDIT CARD PAYMENT

COUPON TO BE COMPLETED AND INCLUDED WITH YOUR APPLICATION

Applicant's surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of birth

Day		Month		Year

Applicant's usual first name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Sex

Female Male

Applicant's email

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

VISA MASTERCARD AMERICAN EXPRESS

Amount : **144 \$**

Credit card number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiry date

Month		Year	

Verification code (CVC or CID)

--	--	--	--

Cardholder's signature

Cardholder's first and last names

For UQAM's use

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

