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# Personal Data

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- Ph.D.
- M.Sc.
- MBA
- \_ planning full-time study
- \_ planning part-time study

Mr.    Mrs.    Ms. (Please check one)

Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Familiar Name (to be used on name cards, etc) \_\_\_\_\_

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## Mailing Address

Address \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_

Country \_\_\_\_\_

Postal Code/Zip Code \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Bus. Phone (     ) \_\_\_\_\_

Home Fax (     ) \_\_\_\_\_ Bus. Fax (     ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cellular Phone (     ) \_\_\_\_\_

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Date of Birth (DD/MM/YY) \_\_\_\_\_ U of M student number (if known) \_\_\_\_\_

\_\_\_\_\_ Primary Language \_\_\_\_\_

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## For Non-Canadian Applicants (Please check those that apply)

- Permanent Resident
- Non-Sponsored Student Visa Authorization
- Visitor's Visa
- Minister's Permit
- Employment Authorization Work Permit
- Sponsored Student Visa Authorization

Name of Sponsoring Agency \_\_\_\_\_

Proposed or actual date of entry into Canada (MM/YY) \_\_\_\_\_

Date to write or wrote TOEFL (MM/YY) \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

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**Degrees Now Held or to be Awarded**

University	Degree	Hons. or Gen.	Major	Year Awarded
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**Professional Designations Held, Certificate or Diploma Programs Completed**

Institution	Designation/Certificate/Diploma	Year Earned
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**Referees**

Name	Position	Address	Phone Number
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**Other Information**

Date to write or wrote GMAT (MM/YY) Will you be available for an interview, if requested (MBA only)?

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What are your interview timing preferences?

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Have you previously applied to or attended this university? Year?

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Will you be receiving corporate support?

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If so, what is the name of the sponsoring agency?

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**Expected Enrollment** August 20\_\_ (MBA) September 20\_\_ (Ph.D., M.Sc.)  
Jan 20\_\_ (MBA)

This personal information is being collected under the authority of the *University of Manitoba Act* and will be used for the purposes of admission, registration, decisions on your academic status and to provide you with information related to your studies at the University. It may be shared with other educational institutions. Information regarding graduation and awards may be made public. Upon your graduation, name, address and degree information you have provided will be given to and maintained by the Alumni Records department in order to assist in the University's advancement and development efforts. This information is protected by the Protection of Privacy provisions of Manitoba's Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of this information, contact the FIPPA Coordinator's Office, (204) 474-8330, c/o Archives & Special Collections, 331 Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

I hereby certify that I have read and understood the information attached to this application form and that all statements made in connection with this application are true and complete.

By signing this application, you are also thereby agreeing to the release of information in this application and of the supporting documentation by the University of Manitoba to other academic institutions.

Your application will be rejected if you have not disclosed your complete academic record or have submitted false information in support of the application to the Faculty of Graduate Studies. In such an event, future applications from you will also not be considered.

Date \_\_\_\_\_ Signature \_\_\_\_\_