

UNDERGRADUATE STUDIES**ADMISSION ON THE BASIS OF RELEVANT EXPERIENCE****Documents required**

- Non-refundable fee of \$75 payable by cheque to Université du Québec en Abitibi-Témiscamingue, credit card, money order or in cash;
- this application form;
- a copy of your birth certificate;
- a copy of your last transcript, or mandatorily your Secondary V transcript;
- a letter of confirmation from an employer, covering a period of at least one year, describing tasks undertaken as an employee. Only original documents on the employer's letterhead will be accepted;
- your resume.

ADMISSION FOR THE DCS (Diploma of College Studies) GRADUATE**Documents required**

- Non-refundable fee of \$75 payable by cheque to Université du Québec en Abitibi-Témiscamingue, credit card, money order or in cash;
- this application form;
- a copy of your birth certificate if DCS completed before 2000.

N.B. The DCS must be completed prior to the beginning of the session for which you are requesting admission*.

*If you need to complete only one course to get your DSC, you must provide us with an official letter of confirmation from your individual pedagogical facilitator (API).

ADMISSION ON THE BASIS OF THE DCS (DIPLOMA OF COLLEGE STUDIES) OR EQUIVALENT**Documents required**

- Non-refundable fee of \$75 payable by cheque to Université du Québec en Abitibi-Témiscamingue, credit card, money order or in cash;
- this application form;
- a copy of your birth certificate if DCS completed before 2000;
- a copy of the transcript for the completed program.

GRADUATE AND POSTGRADUATE STUDIES**Documents required**

- Non-refundable fee of \$75 payable by cheque to Université du Québec en Abitibi-Témiscamingue, credit card, money order or in cash;
- this application form;
- a copy of the official transcript of the completed program (from the Bachelor's degree, if applying to the graduate program, and from the Master's degree, if applying to the postgraduate program);
- a copy of your birth certificate;
- an essay of at least three hundred (300) words, in which you describe your achievements and explain why you are applying to the program;
- three evaluation reports for the candidate. These reports must be sent to UQAT as soon as possible: the form is available on the UQAT website at www.uqat.ca/evaluationreport
- your resume.

Note: You may be required to submit additional documentation, depending on which program you have applied to. Consult the Office of the Registrar for more information.

DO NOT FORGET TO SIGN THE FORM

**HUMAN
CREATIVE
VISIONARY**



F. GRADUATE AND POSTGRADUATE APPLICANTS - TYPE OF ADMISSION REQUESTED

I WISH TO BEGIN MY UNDERGRADUATE STUDIES IN THE FOLLOWING SEMESTER: (CHOOSE ONE)

WINTER SUMMER FALL YEAR

I WILL PURSUE MY STUDIES

ON A FULL-TIME BASIS ON A PART-TIME BASIS

FIRST CHOICE

SHORT PROGRAM OR MICROPROGRAM SPECIALIZED GRADUATE DEGREE (DESS) MASTER'S DEGREE DOCTORATE (PH.D.)

PROGRAM TITLE _____ PROGRAM CODE _____

SECOND CHOICE

SHORT PROGRAM OR MICROPROGRAM SPECIALIZED GRADUATE DEGREE (DESS) MASTER'S DEGREE DOCTORATE (PH.D.)

PROGRAM TITLE _____ PROGRAM CODE _____

I REQUEST THE FOLLOWING STATUS AS A GRADUATE STUDENT:

NON-PROGRAM STUDENT AUDITOR

COURSE CODE:

COURSE CODE:

G. GRADUATE APPLICANTS (GRADUATE/POSTGRADUATE STUDIES)

If you do not have a university degree, you can apply for admission on the basis of relevant experience. Complete Section E.

UNIVERSITY-LEVEL STUDIES PRIOR TO THIS APPLICATION

University-level degree

PROGRAM OR SPECIALIZATION _____

NAME OF DEGREE _____

UNIVERSITY ATTENDED _____

I HAVE: YET TO RECEIVE THE BACHELOR'S DEGREE RECEIVED THE BACHELOR'S DEGREE DATE RECEIVED MONTH YEAR

H. EVALUATION REPORT (section reserved for graduate studies program applicants)

Specify the names and addresses of three (3) people who have agreed to prepare evaluation reports for you (the report form is available at the Office of the Registrar or at uqat.ca/evaluationreport).

NAME ADDRESS

1: _____

2: _____

3: _____

Have you asked a professor to supervise your thesis or dissertation? NO YES → NAME: _____

INDICATE THE PLANNED FIELD OF RESEARCH _____

I. SIGNATURE

In order for your application to be processed, you are required to sign this authorization.

1. I declare that I have read the information contained in this form and, more specifically, the section regarding the protection of personal information. I affirm that, to the best of my knowledge, the information given above and in the attached documents is accurate and complete. I authorize the educational institution(s) that I have attended (and the ministère de l'Éducation, du Loisir et du Sport [MELS]) to release my academic grades to the Université du Québec en Abitibi-Témiscamingue (through the Conférence des recteurs et des principaux des universités du Québec [CRÉPUQ]). I also authorize the Université du Québec en Abitibi-Témiscamingue to release (to CRÉPUQ) information necessary for the management of admissions and for the reproduction of statistics, which may require the sharing of institutional records. I am aware that the Université du Québec en Abitibi-Témiscamingue will release information necessary for the creation and validation of the permanent code to MELS, in accordance with an agreement authorized by the Commission d'accès à l'information du Québec. The personal data provided may be subjected, by the MELS, to verification with the Directeur de l'état civil du Québec. I am also aware that, in accordance with federal law regarding statistics, the Université du Québec en Abitibi-Témiscamingue will send Statistics Canada information necessary for the production of statistical data. Finally, I authorize the ministère des Relations avec les citoyens et de l'immigration to send the Université du Québec en Abitibi-Témiscamingue confirmation of the issuance of a Certificat d'acceptation du Québec (CAQ).

2. I authorize that the information necessary for the management of admissions, information related to the educational institution(s) I have attended, and information regarding citizenship, for the establishment of my tuition fees, may be subject to MELS validation.

3. I agree to use the email address provided by UQAT throughout the duration of my academic studies. I acknowledge having been informed of this obligation and that UQAT (departments, services, professors and instructors) will communicate with me via this email address only.

4. I accept, once I receive my degree, to be automatically registered with the UQAT Alumni Association in order to enjoy the benefits and receive the information it provides.

5. I authorize UQAT to transmit, to the Fondation de l'UQAT (FUQAT), my address (postal and electronic) and phone number(s), my student status (part-time or full-time) and my study program in order to enable the FUQAT to contact me.

Applicant's Signature _____ Date _____

J. STATEMENT OF STUDENT WITH DISABILITIES

If you have a disability (physical, mobility, organic, learning, dyslexia, other), please let us know so we can provide you with the kind of support you need to pursue your studies. Do not hesitate to contact us at anne.beaulieu@uqat.ca or 819 762-0971 ext. 2510.

TYPE OF DISABILITY: _____

K. MODE OF PAYMENT

Make your CHEQUE MONEY ORDER payable to UQAT Amount of payment: (_____)

Credit card: VISA MASTER CARD CARD NUMBER _____ EXPIRY DATE: MONTH YEAR

Signature (mandatory) _____

RESERVED

CODE DE DÉCISION

REMARQUE(S)

REMARQUE RELATIVE À LA DÉCISION _____

REMARQUES RELATIVES À LA DEMANDE D'ADMISSION

SIGNATURE DU RESPONSABLE DU PROGRAMME _____ DATE _____

INTÉGRATION DOUBLE ADMISSION

