Une image contenant texte, Police, Graphique, logo

Description générée automatiquement

**École de gestion**

**DESS en gouvernance du sport et antidopage (GSAD)**

**Graduate programs – Additional information**

|  |  |
| --- | --- |
| **🢂 To be completed by the applicant** | |
| **Date :** Click or press here to enter a date. | |
| **Last name** | **First name** |
| Click or press here to enter text. | Click or press here to enter text. |
| **Phone** | **Email** |
| Click or press here to enter text. | Click or press here to enter text. |
|  |  |
| **If you have already studied at the University of Sherbrooke, enter your registration number:**  Click or press here to enter text. | |
| **🢂 Return the form to the following email address:** [**gsad.eg@USherbrooke.ca**](mailto:gsad.eg@USherbrooke.ca)**.**  **🢂 In the subject line of your email, specify the program you are applying for.** | |

1. **Why do you want to do this graduate program and why should we accept your application?**

Click or press here to enter text.

1. **Can you provide us with the names and contact information of three people (teachers and employers) who could provide recommendations about you?**

|  |  |
| --- | --- |
| **IDENTIFICATION OF THE 1st RESPONDENT** | |
| First and last name: | Click or press here to enter text. |
| Function: | Click or press here to enter text. |
| Company/Institution: | Click or press here to enter text. |
| Relationship to applicant: | Click or press here to enter text. |
| Email: | Click or press here to enter text. |
| Phone: | Click or press here to enter text. |

|  |  |
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| **IDENTIFICATION OF THE 2nd RESPONDENT** | |
| First and last name: | Click or press here to enter text. |
| Function: | Click or press here to enter text. |
| Company/Institution: | Click or press here to enter text. |
| Relationship to applicant: | Click or press here to enter text. |
| Email: | Click or press here to enter text. |
| Phone: | Click or press here to enter text. |

|  |  |
| --- | --- |
| **IDENTIFICATION OF THE 3rd RESPONDENT** | |
| First and last name: | Click or press here to enter text. |
| Function: | Click or press here to enter text. |
| Company/Institution: | Click or press here to enter text. |
| Relationship to applicant: | Click or press here to enter text. |
| Email: | Click or press here to enter text. |
| Phone: | Click or press here to enter text.. |

**You do not need to provide letters of recommendation, even if a notice to the contrary appears at the end of the electronic application.**

1. **Is there anything in your file that you would like to bring to our attention?**

Click or press here to enter text.