

REQUEST FOR ADMISSION (DA-3)

Please use block letters
Do not write in the shaded areas

4 – Student number

1a – Identification: must correspond with the information on your birth certificate and will appear as such on your diploma

Surname
Given name

1b – Name of parents as birth (for purposes of verification and obtaining a permanent code)

Mother's maiden name
Given name
Father's surname
Given name

5 – Previous admission request

Have you previously applied for admission to the Université de Sherbrooke?
 Yes No
What was your student number?

2 – Mailing address (location to which your reply will be sent)

Parent / Other contact person Other

Number and street, apartment
Municipality, Province / State
Postal code / Zip code

Country

6 – Gender

1 Male 2 Female

7 – Date of birth

Year Month Day

8 – Canadian Social Insurance Number

2a – Other address

Parent / Other contact person Other

Number and street, apartment
Municipality, Province / State
Postal code / Zip code

Country

9 – Citizenship

Foreigner {
RP Permanent resident (landed immigrant)*
VE Student visa
A Other permit

* You must present your permanent resident card or the IMM-1000 form from Citizenship and Immigration Canada.

Name of the country of citizenship

Name of the city and country of birth

3 – Telephone / Fax / E-mail

International

Number in Canada / USA

Extension

Home Work Parent / Other contact person Home Work Parent / Other contact person Fax Cell

E-mail address

10 – Mother tongue (first language spoken and still understood)

French 1 English 2 Other 3

11 – Language spoken most often at home

French 1 English 2 Other 3

12, 13, 14 – Education history (starting with the most recent)

1 st institution	Country	Years attendance from	to	Code	Degree
Study program	Field code	Degree or level			
2 nd institution		Years attendance from	to		
Study program	Degree or level				
3 rd institution		Years attendance from	to		
Study program	Degree or level attained				

15 – Primary language of instruction at the last two educational institutions attended

Language of the last institution attended: French 1 Other 3

Language of the second-to-last institution attended: French 1 Other 3

16 – Admission to a specific program

Choice	Indicate the full program name (s) and code (s)	Plan of study	Term	Year
1 st		Full-time <input type="checkbox"/> 1 Part-time <input type="checkbox"/> 2	Winter (Jan.-April) <input type="checkbox"/> 1 Summer (May-August) <input type="checkbox"/> 2 Fall (Sept.-Dec.) <input type="checkbox"/> 3	
2 nd		Full-time <input type="checkbox"/> 1 Part-time <input type="checkbox"/> 2	Winter (Jan.-April) <input type="checkbox"/> 1 Summer (May-August) <input type="checkbox"/> 2 Fall (Sept.-Dec.) <input type="checkbox"/> 3	

17 – Admission for independent studies

Faculty

Indicate the code for each of the learning activities chosen

① ② ③ ④ ⑤

Plan of study	Term	Year
Full-time <input type="checkbox"/> 1 Part-time <input type="checkbox"/> 2	Winter (Jan.-April) <input type="checkbox"/> 1 Summer (May-August) <input type="checkbox"/> 2 Fall (Sept.-Dec.) <input type="checkbox"/> 3	

18 – Prior learning assessment and recognition (check if applicable)

Please take into consideration my prior learning and skills; e.g. previous experience. (In this case, please enclose your curriculum vitae (resume) and a letter to that effect describing the relevance of your acquired learning and skills to the program chosen).

Day	Month	Year	C.N.	CAC	PR CARD	CLB	1 st term marks	Univ. marks	Off. attest.	C.V.	School res.
			1	2	3	4	5	6	7	8	9
Received	To come	Date received	0	C.S.Q. A	GIDE B	C.C.B. C	Letter D	E	F	G	H

19 – Relevant work experience		
Employer or organization	Nature of the work	Duration
1		
2		
3		
4 List of the professional orders or associations to which you belong		
If necessary, enclose your curriculum vitae		

20 – Admission to a graduate program
Names and addresses of three individuals you have asked to send a letter of recommendation.
1
2
3

21 – Admission to a graduate research program
a) Briefly describe your area of research and list your recent publications with complete references, if applicable. You may include additional pages of information if needed.

b) Indicate, in general terms, the research program that you would like to pursue. Include additional pages of information if needed.

c) If a faculty member has agreed to direct your research, please provide his or her name.

I hereby declare that I have read the information contained in this form, and particularly the section regarding the privacy of personal information. I attest that, to the best of my knowledge, the information provided above and in the attached documents is accurate and complete. I authorize the educational institutions I have attended as well as the Ministère de l'Éducation, du Loisir et du Sport (MELS) to release, through the Conférence des recteurs et des principaux des universités du Québec (CREPUQ), my academic results to the Université de Sherbrooke. I further authorize the Université de Sherbrooke to supply to the CREPUQ the information required to manage admission and to produce statistics that may entail the linkage to institutional files. I acknowledge that the information needed by an institution I have attended to manage admission, along with information on my citizenship status required to establish my tuition fees, may be subject to validation by the MELS. The Université de Sherbrooke has informed me that the information needed to create and validate my permanent code will be transmitted to the Ministère de l'Éducation under an agreement authorized by the Commission d'accès à l'information. I further authorize the Université de Sherbrooke to supply information to Statistics Canada for the compilation of statistical data, in accordance with the federal Statistics Act. If applicable, I authorize the Ministère des Relations avec les citoyens et de l'Immigration to forward confirmation of my Quebec acceptance certificate to the Université de Sherbrooke on my behalf.

_____ Date _____ Signature

Unconditional admission	Conditional admission	Refusal	Waiting list	Decision deferred	Student number	
A _____	C _____	R _____	F _____	F _____	_____	
_____					Program code	

					Plan of study	Session
_____					Decision	
_____					_____	
Date					Authorized signature	