Office of International Initiatives
Faculty of Education
Brock University

AGENT:

☐ MEd ISP
☐ PMPCP - *Education*

REQUIRED DOCUMENTATION

Last Name: _____ First Name: _____

Date of Birth: _____ Student Email: _____

Have you ever applied to any graduate programs at Brock University?

☐ Yes, when? _____; which program? _____
MM/YYYY

☐ No.

Each applicant must provide all of the required documents and complete this document checklist below. If you do not enclose all the required documents, your application will NOT be processed. **Non-English documents MUST be accompanied by notarized English translations.**

APPLICATION CHECKLIST

☐ Brock Application Form (Make sure that you **SIGN** and **DATE** the application form)

☐ Application fee (CAD $100.00)

☐ Official transcript (**notarized** if not in English) ** (GPA calculation (%))

☐ English proficiency test scores (TOEFL/TWE_____/_____, IELTS _____, ITELP_____). **
Brock University's Institution Code 0895; Department Code 01)

☐ **Degree** Certificate / **Graduation** Certificate (**notarized** if not in English), OR

☐ Original school confirmation letter of enrolment (**notarized** if not in English)

☐ Two (2) Reference Letters (sealed) **

☐ Statement of Intent / Resume

"**" The document should be sent **directly** from your university or referee or an English test centre to us.
Please submit your application to the following address:

Office of International Initiatives
Faculty of Education, Brock University
500 Glenridge Avenue
St. Catharines, Ontario
Canada L2S 3A1

Brock University protects the privacy of student information. Personal information that you provide to the University is collected under the authority of The Brock University Act, 1964, and at all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. By accepting this offer of admission, you consent to the collection, use and disclosure of your personal information by the University in order to meet administrative and academic needs. Direct any questions about this information collection to the Office of International Initiatives, Faculty of Education, Brock University at 905-688-5550 ext.3155or see www.ed.brocku.ca.

Revised: April 22, 2009

Brock University
Faculty of Education

Application Form

http://www.ed.brocku.ca/international

☐ **MEd ISP** ☐ **PMPCP** - *Education*

Legal Last Name / Family Name / Surname	First Name / Given Name	Middle Name(s) / Initial(s)
Date of Birth (yyyy/mm/dd)	Gender ☐ Female ☐ Male	E-Mail Address:

Status in Canada	Country of Citizenship	First Language
☐ Canadian Citizen ☐ Permanent Resident ☐ Student Authorization		☐ English ☐ French ☐ Other:

English Language Test: IELTS TOEFL ITELP (Brock) Other (Specify):

Undergraduate GPA (%):	**Expected Date of Enrolment (**yyyy/mm/dd**):**

Mailing Address

Street Number and Name		
City	Province/State	Home Telephone
Country	Postal / Zip Code	Fax

Permenant Address (Same as above) ☐

Street Number and Name		
City	Province/State	Home Telephone
Country	Postal or Zip Code	Fax

Provide information on all post-secondary institutions you have attended or are currently attending *(Add additional pages if required).*

Academic Background	Name of Institution		Location of Institution	
	From Date (yyyy/mm)	To Date (yyyy/mm)	Field of Study	Language of Instruction
	Degree	Graduation / Expected Graduation Date (yyyy/mm)		Institution URL
Academic Background	Name of Institution		Location of Institution	
	From Date (yyyy/mm)	To Date (yyyy/mm)	Field of Study	Language of Instruction
	Degree	Graduation / Expected Graduation Date (yyyy/mm)		Institution URL

Declaration	*I certify that all statements on this application and the material filed in support are correct and complete, including my declaration of citizenship and status in Canada, and all material information has been disclosed. I understand that I may have to provide documentation in the future to substantiate my claim and that any misrepresentation of this information may result in my association with, admission to, or registration in the university being rescinded and cancelled. I acknowledge that Brock University has the right to verify any and all information included as part of this application and to cancel any program due to lack of enrolment.*

Applicant's signature	**Date** (yyyy/mm/dd)

**** This Application **MUST** be signed and **dated** ****

BROCK UNIVERSITY
LETTER OF RECOMMENDATION
FOR ADMISSION TO GRADUATE STUDIES IN EDUCATION

Section 1: To be completed by applicant before submitting to referee.

☐ Mr.

☐ Ms

☐ Miss

Legal Surname: _____ First Name and Middle Name(s) _____ Preferred Name (e.g. English) _____

Expected Entry Year: _____ **Intended Program of Study:** ☐ **MEd ISP** ☐ **PMPCP-** *EDUCATION*

Section 2: To be completed by referee. Forward this completed form and any attachments to the applicant in a sealed envelope, with your signature across the closure on the back. This information in this report will be kept confidential.

Part A. Please comment on the above-named applicant's scholarship and/or professional work. The applicant's strengths and weaknesses if any. How would you assess the applicant's intellectual, practical and personal abilities and promise necessary for success in a demanding graduate program?

Part B. In overall evaluation, this applicant may be considered:

Outstanding		Above Average		Average	Below Average
☐ upper 2%	☐ Upper 10%	☐ upper 20%	☐ upper 30%	☐ upper 50%	☐ lower 50%

Part C. Referee Name: _____ Position: _____

Employer: _____

Signature: _____ Date: _____