



# ST. FRANCIS XAVIER UNIVERSITY

## APPLICATION FOR ADMISSION

### For Graduate Studies in Arts or Science

#### SECTION 1

##### PLEASE CHECK ONE:

- Biology (MSc)                       Earth Sciences (MSc)                       Visiting Research Student/ Non Degree  
 Chemistry (MSc)                       Celtic Studies (MA)                      Department:  
 Computer Science (MSc)

Visiting students complete Section 1 only and sign p 4.

##### COMPLETION GUIDE

In order to help us process your application as efficiently as possible, please ensure that you complete all sections.

The following documents should be sent to the Admissions Office:

- a) This application form, complete in all its details, with non-refundable application fee of \$40.
- b) Two original letters of recommendation from persons named in this application. (See insert pages)
- c) One **official, sealed copy** of your transcript from each post-secondary institution attended. Graduates of StFX do not need to provide a copy of their transcript from StFX. Transcripts in a language other than English should be provided in their original language, along with a certified translation into English. **Files will not be reviewed until original transcripts are received.**
- d) Evidence of English proficiency if your first language is not English. (Minimum required scores: IELTS 6.5 no band below 6; TOEFL internet 92; Pearson 59)
- e) Statement of Intent

It is the responsibility of the applicant to ensure that all **SUPPORTING DOCUMENTS** are received by the StFX Admissions Office. Incomplete applications will not be considered.

**NOTE:** Admission to Graduate Studies is determined by the Dean of the Faculty to which the student has applied in consultation with the Vice-President Research & Graduate Studies.

##### APPLICANT

Mr.    Ms.    Other:

Last name:

First name:

Middle name:

Preferred name:

##### CURRENT CONTACT INFORMATION

Street /PO Box/Civic #:

City:

Province/State:

Postal Code:

Country:

Phone:

Email:

##### EMERGENCY CONTACT

Name:

Relationship:

Street /PO Box/Civic #:

City:

Province/State:

Postal Code:

Country:

Phone:

Email:

**PERSONAL INFORMATION**

Male  Female

Date of Birth: Day            Month            Year

Citizenship:

SIN/ SSN:

StFX Student Number (if applicable):

Previous Last name (if applicable):

**LANGUAGE(S)**

First language spoken:

Other language(s) spoken:

Languages written:

**WHEN DO YOU PLAN TO BEGIN THE PROGRAM?**

Spring  Fall  Winter  Summer

Part-Time  Full-Time Year

**PROPOSED RESEARCH AREA** (MA and MSc only)

**Students must identify a potential supervisor from the department in which they wish to study prior to applying to a graduate program**

Have you contacted the department?  YES  NO

Please identify your potential supervisor from this department:

**SECTION 2**

**FUNDING EXPECTATIONS**

Do you wish to be considered for funding support? [MA and MSc only]  YES  NO

Do you have your own source of funding?  YES  NO

IF you have your own source of funding (e.g., government or foundation award), please describe the source and anticipated amounts.

**COLLEGES OR UNIVERSITIES ATTENDED**

| College or University | City/Country | Dates Attended | Degree/Diploma & Major |
|-----------------------|--------------|----------------|------------------------|
|                       |              |                |                        |
|                       |              |                |                        |
|                       |              |                |                        |
|                       |              |                |                        |

## **WORK EXPERIENCE**

List major work experience here. Indicate length of time in each.

## **REFERENCES**

Provide the names and addresses of the two people whom you've asked to provide a reference of your scholastic and professional ability and who might give an opinion about your suitability for graduate study. If possible, one of these should be a person who taught you in your most recent academic program. Provide them with the applicant reference form and stamped envelope addressed to the **Admissions Office, St. Francis Xavier University, Nicholson Tower 212, Antigonish, Nova Scotia, Canada B2G 2W5.**

1.

2.

## **STATEMENT OF INTENT**

Please attach a statement of 250-500 words outlining your qualifications for graduate school, your research interests, career goals, and reasons for applying to StFX specifically.

## **ADDITIONAL INFORMATION**

Please use the following space to include any additional information which you feel would be of help to us in making an admission decision.

## CHECKLIST FOR APPLICANTS

- Application form is complete in all its detail
- Statement of Intent
- Non-refundable application fee of \$40
  - Cheque/Money order (enclosed)
  - Visa/Mastercard No. \_\_\_\_\_ Expiry \_\_\_\_\_ CVV: \_\_\_\_\_
- Have requested two letters of recommendation from persons named in this application
- Have requested **one official copy** of transcript from each post-secondary institution attended or included scanned copies (Graduates of StFX do not need to provide a copy of their transcript from StFX.)
- Evidence of English proficiency if your first language is not English.

**PLEASE NOTE: It is the responsibility of the applicant to check with the Admissions Office to ensure that all of the above documents have arrived. Please print and sign.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### HAVE ALL DOCUMENTS SENT TO:

#### **Admissions Office**

St. Francis Xavier University  
Nicholson Tower Rm 212  
Antigonish, Nova Scotia  
Canada B2G 2W5  
Fax: **902-867-2329**  
Email: **admit@stfx.ca**