Knowledge of French

All candidates must have sufficient knowledge of the French language. The sous-comité d’admission et d’évaluation (Admission and Assessment Subcommittee - SCAE) may impose a test of French knowledge or French as a second language courses to a candidate whose first language is not French.

REQUIRED DOCUMENTS

All applications must include:

- proof of citizenship (photocopy of birth certificate or citizenship card);
- a non-refundable admission fee of $123 CAD, payable by credit card (see attached payment form), money order or bank draft made out to UQAM. If you are applying from a country where transfers by money order or bank draft cannot be processed, please consult the following link for the transfer of admission fees: www.etudier.uqam.ca/frais-admission. Proof of the transfer submitted by the bank must be enclosed with your application.

Exact French or English translations, certified by the consulate or the embassy of the country of origin or by the Ordre des traducteurs, terminologues et interprètes agréés du Québec (OTTIAQ) must accompany all the original documents if they are written in a language other than French or English.

ALSO TO BE INCLUDED WITH APPLICATION

- the original application completed plus two copies;
- three certified copies of the original diplomas and transcripts of all previous academic years (every semester);
- an outline of research interests: letter of intent (for the Master’s degree) or research project (for the Doctorate);
- three reports or reference letters, including two from professors or researchers;
- a curriculum vitae with relevant attestations of employment. These must contain certain specific information. Please refer to www.etudier.uqam.ca/documents-requis;
- a personal letter of motivation summarizing your academic history;
- and any other document required by the program or programs’ application process.

Failure to include all required documents will delay the processing of your application and may even result in a refusal.

SUBMIT YOUR COMPLETE APPLICATION TO ONE OF THE FOLLOWING ADDRESSES

Mailing Address:
Université du Québec à Montréal
Registrariat – Admission
Case postale 6190, succursale Centre-ville
Montréal (Québec) H3C 4N6
CANADA

Street Address (registered mail):
Université du Québec à Montréal
Pavillon J.-A.-DeSève, local DS-R110
320, rue Sainte-Catherine Est
Montréal (Québec) H2X 1L7
Métro Berri-UQAM

Applications sent by e-mail or fax will not be considered.

Before sending your application, did you:

- Answer all the questions on the form and include all the required documents;
- Verify the specific requirements of the desired program(s) (www.etudier.uqam.ca/exigences-programmes-2e-3e-cycles);
- Make two additional copies of all submitted documents including the form and the referees’ reports;
- Include payment for the processing of your file;
- Complete, if applicable, the referee report forms (les formulaires Rapport de répondant)?

Do not forget to fill out the Personal Identification Form (Fiche d’identification personnelle) for each subsequent dispatch in a separate envelope: www.etudier.uqam.ca/admission-formulaires
### IDENTIFICATION

The spelling of your surnames and first names must correspond in full to that appearing on the official documents accompanying your application, and on your arrival, to the spelling of your surnames and first names appearing on the documents confirming your status (CSQ, CAQ, study permit, etc.).

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name at Birth</td>
<td></td>
</tr>
<tr>
<td>Usual First Name</td>
<td></td>
</tr>
<tr>
<td>Birth Date</td>
<td>Day</td>
</tr>
<tr>
<td>Permanent Code (alphanumerical) if you have already studied at UQAM</td>
<td></td>
</tr>
<tr>
<td>Permanent Code (alphanumerical) from the Ministère de l’Éducation et de l’Enseignement supérieur (if you have already studied in Québec)</td>
<td></td>
</tr>
<tr>
<td>Citizenship</td>
<td>Canadian</td>
</tr>
<tr>
<td>Place of Birth (city)</td>
<td></td>
</tr>
<tr>
<td>Father’s Name at Birth</td>
<td></td>
</tr>
<tr>
<td>Father’s Usual First Name</td>
<td></td>
</tr>
<tr>
<td>Mother’s Name at Birth</td>
<td></td>
</tr>
<tr>
<td>Mother’s Usual Name</td>
<td></td>
</tr>
<tr>
<td>Home Telephone</td>
<td>Area Code</td>
</tr>
<tr>
<td>Mobile</td>
<td>Area Code</td>
</tr>
<tr>
<td>Work</td>
<td>Area Code</td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>Civic Number</td>
</tr>
<tr>
<td>Home Address (if different from mailing address)</td>
<td>Civic Number</td>
</tr>
</tbody>
</table>

The spelling of your surnames and first names must correspond in full to that appearing on the official documents accompanying your application, and on your arrival, to the spelling of your surnames and first names appearing on the documents confirming your status (CSQ, CAQ, study permit, etc.).
**APPLICATION DEADLINES**

**FALL**: Regular Deadlines [www.etudier.uqam.ca/dates]  **WINTER**: SEPTEMBER 15

We recommend that foreign applicants apply **before February 1 for the fall term and before August 1 for the winter term** in order to apply to the immigration services and arrive at UQAM in time for the beginning of the desired term. Any application received after the deadline may be transferred to a later term.

**REQUESTED PROGRAMS**

Some programs have special admission requirements. Visit [www.etudier.uqam.ca/exigences-programmes-2e-3e-cycles](http://www.etudier.uqam.ca/exigences-programmes-2e-3e-cycles). A foreign student is required to register full-time for every semester. Check the desired programs’ guidelines to ensure they are offered full-time.

I want to begin my studies in the:  
☐ Winter  ☐ Summer  ☐ Fall  ☐ Winter  ☐ Summer  ☐ Fall  ☐ Winter  ☐ Summer  ☐ Fall  ☐ Winter  ☐ Summer  ☐ Fall  ☐ Winter  ☐ Summer  ☐ Fall  ☐ Winter  ☐ Summer  ☐ Fall  ☐ Winter  ☐ Summer  ☐ Fall

**ACADEMIC HISTORY**

Please indicate all university-level programs you have undertaken or completed, beginning with the most recent. Please add a sheet if necessary.

<table>
<thead>
<tr>
<th>Degree or diploma</th>
<th>Disciplines or specialization</th>
<th>Institution attended</th>
<th>Years attended</th>
<th>Graduation date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**REFERENCES**

Please indicate the names and addresses of the three people you asked to complete a "Report" about you.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**AREA OF RESEARCH, DISSERTATION OR THESIS**

Have you asked a UQAM professor to supervise your thesis or dissertation?

☐ Yes  ☐ No  

(Supervisor's name)
EMPLOYMENT HISTORY

Please indicate the positions you have held, starting with the most recent. Professional experience or other forms of implication in the field can sometimes be considered for admission purposes. It is essential to attach relevant attestations from employers or supervisors. In addition to confirming the duration and nature of the positions held, the attestations must contain a brief description of the duties and tasks performed. A curriculum vitae or employment contract can in no way be considered proof of employment. A lack of certified employment may compromise an applicant's eligibility for the program.

<table>
<thead>
<tr>
<th>Name of employer</th>
<th>Duration of employment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From</td>
</tr>
<tr>
<td></td>
<td>Month</td>
</tr>
</tbody>
</table>

Position occupied

- Paid position
- Internship
- Volunteer
- Full-time
- Part-time

INFORMATION ABOUT RELEVANT EXPERIENCE

Please indicate any other experience, other than employment, which seems relevant to your admission. This may include any publications, research, intellectual and professional contributions. Include an additional sheet if necessary.

READING CAREFULLY BEFORE SIGNING

I have read the attached information regarding the Act Respecting Access to Documents Held by Public Bodies and the Protection of Personal Information. I authorize UQAM to send the information described in the application instructions to the parties listed therein.*

Applicant's Signature

Date

I authorize the colleges that I have attended, as well as the Ministère de l’Éducation et de l’Enseignement supérieur (MEES) to provide UQAM through the Bureau de coopération interuniversitaire (BCI), the necessary transcripts for the evaluation of my application. I authorize the educational institutions that I have attended, in Québec and elsewhere, to transmit to UQAM at any time, official copies of the documents necessary for the evaluation of my application, registration, recognition of prior learning or any other document in my file for that purpose, even if the original versions have already been filed.

I authorize UQAM to transmit to the BCI the necessary information for managing admissions and producing statistics needed for linking the institutions' files. Under an agreement authorized by the Commission d’accès à l’information, the information necessary for the creation and validation of the permanent code will be transmitted to the MEES; I authorize UQAM to obtain this information from the MEES. I also authorize that the information needed to manage the admissions for the institution attended, as well as citizenship information to establish my tuition fees, be validated by the MEES. Likewise, I authorize the Ministère de l’Immigration, de la Diversité et de l’Inclusion (MIDI) to transmit to UQAM the confirmation of the issue of an Acceptance Certificate (CAQ), if applicable, in my name. I declare that the information given on this form is correct and I promise to comply with UQAM’s regulations.

Applicant’s Signature

Date

I declare that the information provided on this form is correct and I promise to comply with UQAM’s regulations.

Applicant’s Signature

Date

* In case of objection, complete, sign and attach the statement of objection.
TO BE COMPLETED BY POSTGRADUATE APPLICANT

Note: Please submit this form to a person (professor or employer) who is qualified to evaluate your professional training and research skills. Ask him/her to return the original along with two copies of the completed document to the Registrariat – Admission as soon as possible. This document does not constitute an attestation of experience. Note that each program has the right to require the filing of reports.

Surname at birth

Usual first name

Birth date

Beginning of studies

Day

Month

Year

Winter

Summer

Fall

Year

TO BE COMPLETED BY THE REFEREE

Surname

First name

You knew the candidate while you were his/her:

☐ Research Supervisor
☐ Program Director
☐ Professor (multiple courses)
☐ Professor (one course)
☐ Immediate Supervisor
☐ Hierarchical Supervisor
☐ Other: ____________________________

You have known the candidate for:

<table>
<thead>
<tr>
<th>Years(s)</th>
<th>Month(s)</th>
</tr>
</thead>
</table>

Please give your opinion about the candidate by checking the corresponding box for each aspect to be considered.

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
<th>Insufficient knowledge of candidate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquired knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diligence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionalism</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Judgement and maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Originality and imagination</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clarity of written and oral expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General aptitude for research</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall appreciation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please add any additional information you consider relevant to the candidate’s skills and abilities to successfully complete postgraduate studies and to conduct research.

__________________________________________________________________________

Referee’s signature

Institution ___________________________ Date ___________________________

Please note that upon request, the candidate will be able to consult this report and upon written request, obtain a copy from the Registrar’s office once the admission decision has been made.

Please return the original along with two copies directly and as soon as possible to:

Registrariat – Admission
Université du Québec à Montréal
CP 6190 SUCC CENTRE-VILLE
MONTRÉAL QC H3C 4N6
CANADA
## TO BE COMPLETED BY POSTGRADUATE APPLICANT

**Note:** Please submit this form to a person (professor or employer) who is qualified to evaluate your professional training and research skills. Ask him/her to return the original along with two copies of the completed document to the Registrariat – Admission as soon as possible. **This document does not constitute an attestation of experience.** Note that each program has the right to require the filing of reports.

<table>
<thead>
<tr>
<th>Surname at birth</th>
<th>Usual first name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birth date</th>
<th>Beginning of studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day</td>
<td>Month</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## TO BE COMPLETED BY THE REFEREE

<table>
<thead>
<tr>
<th>Surname</th>
<th>First name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You knew the candidate while you were his/her:
- [ ] Research Supervisor
- [ ] Program Director
- [ ] Professor (multiple courses)
- [ ] Professor (one course)
- [ ] Immediate Supervisor
- [ ] Hierarchical Supervisor
- [ ] Other: ____________________________

You have known the candidate for:
- [ ] Years(s)  [ ] Month(s)

### Please give your opinion about the candidate by checking the corresponding box for each aspect to be considered.

<table>
<thead>
<tr>
<th>Acquired knowledge</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
<th>Insufficient knowledge of candidate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diligence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionalism</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Judgement and maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Originality and imagination</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clarity of written and oral expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General aptitude for research</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall appreciation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please add any additional information you consider relevant to the candidate’s skills and abilities to successfully complete postgraduate studies and to conduct research.

---

Please return the original along with two copies directly and as soon as possible to:

**Registriariat – Admission**
Université du Québec à Montréal
CP 6190 SUCC CENTRE-VILLE
MONTRÉAL QC H3C 4N6
CANADA
**TO BE COMPLETED BY POSTGRADUATE APPLICANT**

Note: Please submit this form to a person (professor or employer) who is qualified to evaluate your professional training and research skills. Ask him/her to return the original along with two copies of the completed document to the Registrariat – Admission as soon as possible. This document does not constitute an attestation of experience. Note that each program has the right to require the filing of reports.

Surname at birth

Usual first name

Birth date

Beginning of studies

- Winter
- Summer
- Fall
- Year

**TO BE COMPLETED BY THE REFEREE**

Surname

First name

You knew the candidate while you were his/her :

- Research Supervisor
- Program Director
- Professor (multiple courses)
- Professor (one course)
- Immediate Supervisor
- Hierarchical Supervisor
- Other: ____________________________________________

You have known the candidate for :

- Years(s) __________
- Month(s) __________

Please give your opinion about the candidate by checking the corresponding box for each aspect to be considered.

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
<th>Insufficient knowledge of candidate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquired knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diligence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionalism</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Judgement and maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Originality and imagination</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clarity of written and oral expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General aptitude for research</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall appreciation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please add any additional information you consider relevant to the candidate’s skills and abilities to successfully complete postgraduate studies and to conduct research.

__________________________
Referee’s signature

__________________________
Institution

__________________________
Date

Please note that upon request, the candidate will be able to consult this report and upon written request, obtain a copy from the Registrar’s office once the admission decision has been made.

Please return the original along with two copies directly and as soon as possible to:

Registrariat – Admission
Université du Québec à Montréal
CP 6190 SUCC CENTRE-VILLE
MONTRÉAL QC H3C 4N6
CANADA
ACT RESPECTING ACCESS TO DOCUMENTS OF PUBLIC BODIES AND THE PROTECTION OF PERSONAL INFORMATION (L.R.Q., CHAPITRE A-2.1)

In accordance with the provisions of section 65 of the Act Respecting Access to Documents Held by Public Bodies and the Protection of Personal Information, UQAM hereby informs you that all personal information you have provided as well as the information to be recorded in your file is confidential. It will be used for the management of your studies and your participation in various UQAM organizations by the persons authorized to do so under the Règlement sur la confidentialité des renseignements nominatifs, a copy of which can be obtained from the Secrétariat des instances at UQAM.

By signing the application form in the space provided, you agree to transmit your address, telephone number, date of birth, program and status to organizations or individuals who request it for the specific purposes listed on the reverse side.

The consent referred to above can be revoked at any time by means of the attached statement of objection.

If you object to the transmission of information to any one of those mentioned on the reverse side, you must complete the statement of objection and include it when filing the application form.

ACT RESPECTING ACCESS TO DOCUMENTS OF PUBLIC BODIES AND THE PROTECTION OF PERSONAL INFORMATION (L.R.Q., chapitre A-2.1)

PLEASE WRITE IN CAPITALS

Name ___________________________ First name ___________________________
Adress ___________________________ Apt. ___________________________
City ___________________________ Province / country ___________________________
Postal code ___________________________ Telephone ___________________________
Permanent code (for UQAM’s use) ___________________________ Birth date ___________________________
  Day _______ Month _______ Year _______
Signature ___________________________ Date ___________________________
  Day _______ Month _______ Year _______

Statement of Objection

I hereby object to the transmission of my address, telephone number, birthdate, identification of my program, my permanent code and my status to:

(CHECK)

☐ a a student association recognized by UQAM, for the purpose of identifying me or communicating with me;

☐ b the Services à la vie étudiante (student services), to create an electronic directory of UQAM students;

☐ c a governmental or para-governmental body or to an enterprise for the purpose of recruiting candidates for employment or for disseminating non-commercial information;

☐ d the college where I graduated for statistical purposes;

☐ e a professional corporation or body for the purpose of registering with that corporation or organization;

☐ f the Fondation de l’UQAM for the purpose of communicating with me;

☐ g an alumni association for the purpose of communicating with me;

☐ h (in the case of students from outside of Quebec) the provider of medical coverage, the Canadian Government, the Quebec Government, the granting agency or the certified government representatives concerned, in order to confirm my status;

and, in addition to the information given above,

☐ i a granting agency, for the purpose of identifying candidates for a bursary or fellowship or to confirm my program;

☐ j a UQAM researcher, for the purpose of continuing research; I also object to the transmission of any other personal information necessary for the purpose of research.

PLEASE DO NOT SEND THIS STATEMENT IF THERE IS NO OBJECTION
<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant's surname</td>
<td></td>
</tr>
<tr>
<td>Date of birth</td>
<td></td>
</tr>
<tr>
<td>Applicant's usual first name</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>Female/Male</td>
</tr>
<tr>
<td>Applicant's email</td>
<td></td>
</tr>
<tr>
<td>VISA/Mastercard/Amex card</td>
<td>Amount: 123 $</td>
</tr>
<tr>
<td>Credit card number</td>
<td></td>
</tr>
<tr>
<td>Expiry date</td>
<td></td>
</tr>
<tr>
<td>Cardholder's signature</td>
<td></td>
</tr>
<tr>
<td>Cardholder's first and last names</td>
<td></td>
</tr>
<tr>
<td>For UQAM's use</td>
<td></td>
</tr>
</tbody>
</table>