

TRANSITION YEAR PROGRAM (TYP) @ YORK UNIVERSITY APPLICATION FORM

Please complete the following clearly, completely and accurately.

Personal Information

Title: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss ☐ Other: _____ Gender: _____

Surname: _____

Given names (first and middle): _____

Date of birth: Day _____ Month _____ Year _____

Marital status: ☐ Single ☐ Divorced ☐ Widowed ☒ Married ☐ Common Law ☐ Separated

Do you have children? ☐ Yes ☐ No How Many? _____ Please list their ages: _____

First Language: ☐ English ☐ French ☐ Other (please specify) _____

Status in Canada: ☐ Canadian Citizen | ☐ Permanent Resident ☐ Convention Refugee
☐ Student Visa ☐ Other Visa

Are you the first in your immediate family to attend university in Canada? ☐ Yes ☐ No ☐ Do not know

If you are not a Canadian citizen, please complete the following information:

Country of Citizenship: _____

Date of entry to Canada: Year _____ Month _____ Day _____

Address & Contact Information

Apartment Number and street

City

Province

Postal Code

Home phone: _____ Cell phone: _____

E-mail address: _____

Educational Background

Name and location of the school you were attending when you **first** left school:

Attendance dates: Start: _____ End: _____

Grade/form at time of leaving: _____

Please comment on your educational history, full/part-time, start/finish, credits earned and reasons for leaving each school in the space provided. If you require more space, continue your history using the blank lines provided below the chart.

Name & Location	Program	Full- or Part-time	Start & end dates	Credits earned/ certificates and/or diplomas	Reason for leaving

Total number of Ontario Secondary School Credits earned: _____

Have you ever attended a university access course? (e.g. Pre-University/Academic Bridging) ☐ Yes ☐ No

If yes, please specify where and when: _____

Please list your occupational and/or work interest(s): _____

Employment History

1. Name of most recent or present employer: _____

Type of work: _____ Length of employment: _____

Date of departure (if applicable): _____

Reason for leaving (if applicable): _____

2. Name of next most recent employer: _____

Type of work: _____ Length of employment: _____

Date of departure: _____

Reason for leaving: _____

3. Name of third most recent employer: _____

Type of work: _____ Length of employment: _____

Date of departure: _____

Reason for leaving: _____

References

Please list two people who will be supplying reference letters to help us understand what skills and qualities you have that will help you succeed at university. Consider who knows you well and can best speak to your personality, academic or work-related skills and preparedness for TYP. (e.g. counsellor, teacher, employer, etc.)

Provide your referees with the attached reference letter form.

1. _____

Name

Address

Title and connection to you

Phone number

2. _____

Name

Address

Title and connection to you

Phone number

Financial Aid

Do you need assistance/information about applying for the Ontario Student Assistance Program (OSAP?)

☐ Yes ☐ No

Have you received OSAP in the past and if so, are you aware of any restrictions or outstanding issues that you would like additional assistance to help address the matter?

☐ Yes ☐ No ☐ do not know

If you do not know, please contact the National Student Loan Centre at 1-888-815-4514 to verify your loan status. The Transition Year Program does offer some financial support, but students are expected to apply for OSAP financial assistance. osap.gov.on.ca

Next of Kin

Title: ☐ Mr. ☐ Ms ☐ Mrs. ☐ Miss ☐ Other: _____ Relationship to you: _____

Full Name: _____

Apartment Number and street

City Province Postal Code

Primary phone: _____

Other phone/cell: _____

Do you authorize this person to make enquiries regarding your application? Yes ☐ No ☐

Emergency Contact

Title: ☐ Mr. ☐ Ms ☐ Mrs. ☐ Miss ☐ Other: _____ Relationship to you: _____

Full Name: _____

Apartment Number and street

City Province Postal Code

Primary phone: _____

Do you authorize this person to make enquiries regarding your application? ☐ Yes ☐ No

Disability

Did you previously have an IEP plan or have you been previously diagnosed with a permanent learning disability, or other form of disability? ☐ Yes ☐ No.

If the answer is yes, please provide supporting documents. This will help us ensure we provide you with the proper accommodations.

Do you suspect that you may have a learning, or other form, of disability that may have affected your ability to succeed in school in the past? ☐ Yes ☐ No

York University's Counselling & Disability Services provides a range of services, including personal counselling, group development workshops, learning skills training, support and academic accommodation for students with learning, mental health, physical, sensory and medical disabilities. yorku.ca/cds

How did you find us? Please tell us how you became aware of the Transition Year Program.

Protection of Privacy

I have read and agree to the following:

1. I certify that the information I have provided in this application is true, complete and accurate in all respects, including my declarations as to citizenship and immigration status in Canada, institutions attended and that all available information requested in this application has been disclosed.
2. All information I have provided in connection with this application is subject to verification and audit by York University.
3. I shall provide supporting documentation to York University to verify my eligibility upon request.
4. I consent to the disclosure by York University of personal information I have given in this application as follows:
 1. to referees I have named and to other educational institutions when necessary to verify my statements.
5. I understand that any misrepresentation on this application or failure to provide my consent to authorize York University to verify my information on this application may result in cancellation of my admission or enrolment status.

I Agree ☐

Protection of Privacy

York University gathers and maintains information for the purposes of admission, registration and other fundamental activities related to being a member of the University community and to attending a public postsecondary institution in the Province of Ontario. When signing an application for admission, you should know that the information you provide, and any other information placed into your student record, will be protected and used in compliance with Ontario's Freedom of Information and Protection of Privacy Act. The information on this form is collected under the authority of The York University Act, 1965 and is needed for educational, administrative and statistical purposes and to process your application for admission. The information will be used to verify qualifications and decide your eligibility for admission. Upon admission and registration, this information will form part of your student record and will be used to document your progress in an academic program.

If you have any questions about the collection, use and disclosure of your personal information by York University, please contact the Manager, Information Service, Bennett Centre for Student Services, 99 Ian MacDonald Blvd., York University, 4700 Keele Street, Toronto, Ontario, Canada M3J 1P3, 416-736-5000. yorku.ca/ipo

Disposal of records

All documents must be originals. Replaceable documents become the property of York University and will not be returned. We keep supporting documents for one year, after which we destroy materials related to your application. If the request is made upon application, irreplaceable documents will be returned to the original document holder.

Signature of applicant:

Date:

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Reference Letter 1

Dear Referee,

Please discuss those features of the applicant's skills, personality and academic preparedness that seem particularly relevant to successful study at university. Examples may include an assessment of the applicant's level of maturity, passion to attend university and sense of intellectual curiosity. An assessment of the applicant's written and oral expression, reading comprehension and overall academic potential is also encouraged.

Applicant's name: _____

Referee's name: _____

Length of time you have known the applicant: _____

Capacity in which you have known the applicant: _____

At what grade level might you assess the applicant's skills? Please indicate with a checkmark. ☒

	Beyond Gr. 12	Gr. 12 / 11 (or equivalent)	Gr. 11/10 (or equivalent)	Gr. 10/9 (or equivalent)	No Basis on which to judge
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please attach a separate letter assessing the applicant's overall academic potential, including any other attributes you wish to speak to that might strengthen their application.

Signature of referee: _____ Date: _____

Reference letters can be sent directly to the Office of Admissions by the referee or placed in a sealed envelope and submitted with the application package.

Office of Admissions (Transition Year Program)
Bennett Centre for Student Services
99 Ian MacDonald Blvd
York University
Toronto, ON M3J 1P3

Reference Letter 2

Dear Referee,

Please discuss those features of the applicant's skills, personality and academic preparedness that seem particularly relevant to successful study at university. Examples may include an assessment of the applicant's level of maturity, passion to attend university and sense of intellectual curiosity. An assessment of the applicant's written and oral expression, reading comprehension and overall academic potential is also encouraged.

Applicant's name: _____

Referee's name: _____

Length of time you have known the applicant: _____

Capacity in which you have known the applicant: _____

At what grade level might you assess the applicant's skills? Please indicate with a checkmark. ☒

	Beyond Gr. 12	Gr. 12 / 11 (or equivalent)	Gr. 11/10 (or equivalent)	Gr. 10/9 (or equivalent)	No Basis on which to judge
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please attach a separate letter assessing the applicant's overall academic potential, including any other attributes you wish to speak to that might strengthen their application.

Signature of referee: _____ Date: _____

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