

ÉCOLE POLYTECHNIQUE

ADMISSION
 READMISSION
 PROGRAM CHANGE

ADMISSION SEMESTER: FALL WINTER SUMMER YEAR

PROGRAM OF STUDY

UNDERGRADUATE	GRADUATE	CONTINUING EDUCATION (Part-time only)
<input type="checkbox"/> Bachelor's (engineering degree)	<input type="checkbox"/> DESS	<input type="checkbox"/> Course-based master's
<input type="checkbox"/> Exchange program	<input type="checkbox"/> Microprogram	<input type="checkbox"/> Research-based master's
<input type="checkbox"/> Training period <input type="checkbox"/> Audit	<input type="checkbox"/> PhD	<input type="checkbox"/> Audit
<input type="checkbox"/> Independent (undergraduate)	<input type="checkbox"/> Independent (graduate)	<input type="checkbox"/> Certificate
		<input type="checkbox"/> Independent (certificate)
		<input type="checkbox"/> Audit

1

Family name (maximum 40 characters)

Given name (maximum 25 characters)

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Date of birth: YEAR MONTH DAY

SEX: MALE FEMALE

Social insurance number (in Canada): (OPTIONAL)

Permanent code (Ministère de l'éducation du Québec):

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HAVE YOU PREVIOUSLY ATTENDED ÉCOLE POLYTECHNIQUE? YES NO

IF YES, YEAR _____ ID NUMBER _____ PROGRAM _____

HAVE YOU PREVIOUSLY APPLIED TO ÉCOLE POLYTECHNIQUE? YES NO

IF YES, YEAR _____ PROGRAM _____

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MOTHER TONGUE (FIRST LANGUAGE LEARNED)	LANGUAGE USED (LANGUAGE SPOKEN AT HOME)	CITY AND COUNTRY OF BIRTH	CITIZENSHIP (IF OTHER THAN CANADIAN)
FRENCH <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER _____	FRENCH <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER _____	CITY OF BIRTH _____	_____
STATUS IN CANADA		COUNTRY OF BIRTH _____	
CANADIAN CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> STUDENT VISA <input type="checkbox"/> OTHER _____			

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MAILING ADDRESS

NUMBER, STREET, APARTMENT _____

CITY _____ PROVINCE, COUNTRY _____ POSTAL CODE _____

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HOME TELEPHONE _____ WORK TELEPHONE _____ EXT. _____

()

FAX _____ E-MAIL _____

COUNTRY OF YOUR PRINCIPAL RESIDENCE _____

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PERSON TO CONTACT IN CASE OF AN EMERGENCY

FAMILY NAME _____ GIVEN NAME _____

RELATIONSHIP TO APPLICANT _____

() ()

HOME TELEPHONE _____ WORK TELEPHONE _____ EXT. _____

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EDUCATION HISTORY (begin with the most recent)

INSTITUTION NAME (full name) _____	COUNTRY _____	PROVINCE _____	CITY _____
DEGREE - SPECIALIZATION _____	YEAR _____ MONTH _____	DATE OBTAINED (actual or expected) _____	FROM _____ TO _____
			YEARS ATTENDED _____
INSTITUTION NAME (full name) _____	COUNTRY _____	PROVINCE _____	CITY _____
DEGREE - SPECIALIZATION _____	YEAR _____ MONTH _____	DATE OBTAINED (actual or expected) _____	FROM _____ TO _____
			YEARS ATTENDED _____
INSTITUTION NAME (full name) _____	COUNTRY _____	PROVINCE _____	CITY _____
DEGREE - SPECIALIZATION _____	YEAR _____ MONTH _____	DATE OBTAINED (actual or expected) _____	FROM _____ TO _____
			YEARS ATTENDED _____

PROGRAM SELECTED (A SECOND CHOICE MUST BE INCLUDED IN THE EVENT THAT THE FIRST IS UNAVAILABLE)

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FIRST CHOICE	<input type="text"/>	<input type="text"/>	<input type="text"/>
	PROGRAM CODE	NAME OF PROGRAM	OPTION OR ORIENTATION (GRADUATE STUDIES)
SECOND CHOICE	<input type="text"/>	<input type="text"/>	<input type="text"/>
	PROGRAM CODE	NAME OF PROGRAM	OPTION OR ORIENTATION (GRADUATE STUDIES)

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EMPLOYER (IF RELEVANT)

EMPLOYER'S NAME DIVISION

ADDRESS (NUMBER, STREET, CITY) (PROVINCE, COUNTRY, POSTAL CODE)

WORK TELEPHONE () EXT. FAX ()

PROVIDE A BRIEF DESCRIPTION OF YOUR DUTIES IF APPLYING FOR A CERTIFICATE OR IF YOU HAVE BEEN OUT OF SCHOOL FOR MORE THAN ONE SEMESTER.

YEARS OF WORK EXPERIENCE:

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Father's full name – maximum 40 characters

Given name – maximum 25 characters

Mother's full maiden name – maximum 40 characters

Given name – maximum 25 characters

PERMANENT ADDRESS (optional)

NUMBER, STREET, APARTMENT

CITY PROVINCE/COUNTRY POSTAL CODE

MOTHER AND FATHER

MOTHER FATHER

SECTIONS TO BE FILLED IN BY GRADUATE PROGRAM CANDIDATES ONLY (AFTER OBTAINING AN ENGINEERING DEGREE)

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PLEASE INDICATE YOUR LEVEL OF PROFICIENCY IN ENGLISH AND FRENCH IN THE APPROPRIATE FIELDS BELOW (E = EXCELLENT, G = GOOD, P = POOR)

LANGUAGE	READ	UNDERSTAND	WRITE	SPEAK
FRENCH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ENGLISH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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SCHOLARSHIPS AND FINANCIAL ASSISTANCE

HAVE YOU OBTAINED AN INDIVIDUAL SCHOLARSHIP FOR THE PROJECTED PERIOD OF STUDY? YES NO

IF YES, ORGANIZATION AMOUNT \$ DURATION months

HAVE YOU APPLIED FOR A SCHOLARSHIP? YES NO IF YES, ORGANIZATION

ARE YOU APPLYING FOR FINANCIAL AID? YES NO IF YES, IS THIS AN ESSENTIAL ADMISSION REQUIREMENT? YES NO

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THROUGHOUT YOUR STUDIES, DO YOU INTEND TO WORK FULL-TIME? YES NO IF YES, EMPLOYER

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FOR REFERENCE PURPOSES, PLEASE PROVIDE THE NAMES AND ADDRESSES OF THREE FORMER PROFESSORS OR EMPLOYERS.

IF RELEVANT, BRIEFLY DESCRIBE ANY PREVIOUS EXPERIENCE YOU WISH TO DEVELOP THROUGH YOUR PROJECTED STUDIES (PUBLICATIONS, RESEARCH, ETC.). (USE ADDITIONAL PAPER AS NEEDED.)

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PLEASE INDICATE THE AREA OF SPECIALIZATION YOU INTEND TO PURSUE AND THE TOPIC OR PROJECT THAT INTERESTS YOU. (USE ADDITIONAL PAPER AS NEEDED.)

HAVE YOU ALREADY CONTACTED AN ÉCOLE POLYTECHNIQUE PROFESSOR? YES NO IF YES, PROFESSOR'S NAME

I REQUEST PERMISSION TO PRODUCE MY THESIS OR DISSERTATION IN ENGLISH :
THIS REQUEST IS FOR THE FOLLOWING REASONS:

YES

NO

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SECTION TO BE FILLED IN BY INDEPENDENT AND NON-CREDIT STUDENTS ONLY

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				CHOICE OF COURSES	
				COURSE CODE	COURSE TITLE
UNDERGRADUATE	<input type="checkbox"/>	FALL	<input type="checkbox"/>		
GRADUATE AND POST-GRADUATE	<input type="checkbox"/>	WINTER	<input type="checkbox"/>		
CERTIFICATE	<input type="checkbox"/>	SUMMER	<input type="checkbox"/>		

AUTHORIZATIONS/DECLARATIONS (OBLIGATORY)

Pursuant to the *Act Respecting Access to Documents Held by Public Bodies and the Protection of Personal Information*, I acknowledge that I have read and understood the appended document regarding student file confidentiality ([Confidentiality of student files](#)) and

a) I authorize the transmission of information described in this appendix to the organizations listed

Authorize

OR

OR

b) I am opposed to the transmission of information to one or more organizations. If so, I must print ([Confidentiality of student files](#)) and complete a statement of objection, and send it to École Polytechnique.

Opposed

"I agree to comply with any laws, statues, regulations, policies and edicts currently in effect at École Polytechnique and Université de Montréal or adopted during the course of my studies."

Read

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"I acknowledge that École Polytechnique is a secular public institution and consequently:

- A person to whom academic activities are being provided must show their face during the delivery of services ;
- To be allowed in some laboratories, the clothing in use must respect the law concerning health and security ;
- No area is designated exclusively for the practice of religion."

Read

By signing, I hereby authorize the processing of my file:

DATE

SIGNATURE