



VISION: SCIENCE TO APPLICATIONS (VISTA) Graduate Application Form

Applicant Information

Full Name: _____
Last First MI

Address: _____
Street Address Apartment/Unit #

City Province Postal Code Country

Phone: _____ Email: _____

1. Are you applying to a Masters or Doctoral Program? _____

2. If applying to a Doctoral program, are you an internal candidate? Yes No
If YES, does your program require submission of a formal graduate application?* Yes No

**If NO, please fill in the letter of reference info table and email a copy of your transcript and CV along with your application to applyvista@yorku.ca. Internal PhD applicants in programs where a formal graduate application is NOT required must provide 2 letters of reference to be sent directly by their referees to the above email address.*

3. Name of Program to which you have applied: _____

4. Name of supervisor/co-supervisor(s) (if applicable):

5. Program start date*: _____

**Only candidates applying to the Department of Electrical Engineering and Computer Science are eligible for a Winter start date.*

6. Does the VISTA Scholarship Committee have your permission to view your York graduate application (if applicable)?

Yes No N/A

FOR INTERNAL PHD APPLICANTS who have not submitted an application to a York graduate program ONLY: Please fill out the Letters of Reference section below, providing names and contact information for referees. Letters of reference to be sent directly by referees to applyvista@yorku.ca.

Letters of Reference

Name of persons sending letters of reference:

Full Name: _____ Relationship: _____
Role: _____ Phone: _____
Email: _____

Full Name: _____ Relationship: _____
Role: _____ Phone: _____
Email: _____

Declaration and Consent

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:
 - a) 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.

Signature: _____ Date: _____

Please submit your completed application along with other required documents to applyvista@yorku.ca by March 31, 2017. Thank you.

VISTA Equity Self-Identification Survey

VISTA welcomes applications from all qualified individuals, including individuals within the University's employment equity categories of women, persons with disabilities, members of visible minorities and aboriginal persons, individuals of diverse gender and sexual orientation and all groups protected by the Human Rights Code. The VISTA Team is committed to equity and diversity across the program, and to a positive and supportive environment.

As part of VISTA's Equity Plan, we are collecting information on the diversity of applicants to help us better understand whether we are making opportunities available equitably for designated groups. To assist us, we ask that you complete the Self-Identification Survey below. Your participation is completely voluntary. You may update your Self-Identification data at any time and may also self-identify under more than one of the designated groups. The information collected is confidential and will be used on an aggregated basis for equity reporting to York University and the funding agency (CFREF) only.

- A.** Members of visible minorities are persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour, regardless of birthplace.

Based on this definition, are you a member of a visible minority group? Yes No

- B. Persons with disabilities** are those that have a long-term or recurring physical, mental, sensory, psychiatric or learning impairment and who:

1. Consider themselves to be disadvantaged in employment by reason of that impairment,
- or**
2. Believe that an employer or potential employer is likely to consider them to be disadvantaged in employment by reason of that impairment. This also includes persons whose functional limitations owing to their impairment have been accommodated in their current job or workplace.

Based on this definition, are you a person with a disability? Yes No

- C. An Aboriginal person** is a North American Indian, Métis, or Inuit and/or a Treaty Indian or a Registered Indian and/or member of an Indian Band/First Nation.

Based on this definition, are you an Aboriginal person? Yes No

- D.** Under the *Employment Equity Act*, women are a designated group.

Do you identify yourself as a **woman**? Yes No

- E. I choose not to complete the Self-Identification Survey at this time.**