



# Graduate Studies - 2008/2009

## Master of Information Systems Security Management

### Application Form

(For Office Use Only)

--	--	--	--	--	--

Applicant Status:  Graduate Student  Returning Graduate Student  Special Graduate Student  Visiting Graduate Student

### 1. Personal Information

Surname (Last Name)				<b>Current Address</b> (Correspondence Address) Apartment Number / Box / Street			
Given Name (First and Middle Names)			Preferred Name			City / Province	
Former Name(s) (if applicable)				Postal Code		Country	
Date of Birth		Gender:		Marital Status:		Phone	Alternate Phone
Month	Day	Year	<input type="checkbox"/> Male	<input type="checkbox"/> Single (Never Married)	Phone (    )		Phone (    )
			<input type="checkbox"/> Female	<input type="checkbox"/> Married	E-Mail		
Religious Affiliation				<b>Permanent Address</b> <input type="checkbox"/> Same as Current Address Apartment Number / Box / Street			
Church Name			Location				
Country of Citizenship			First Language (language first spoken)			City / Province	
<input type="checkbox"/> Canadian Citizen				Postal Code		Country	
<input type="checkbox"/> Permanent Resident .....		(Effective Date)	Month	Day	Year	Phone (    )	Alternate Phone (    )
<input type="checkbox"/> Student Visitor.....		(Effective Date)	Month	Day	Year	<b>Emergency Contact</b> Surname / Given Names	Relationship to Applicant
<input type="checkbox"/> Other .....		(Effective Date)	Month	Day	Year	Phone (    )	Alternate Phone (    )
<b>Aboriginal Applicants</b> Do you wish to declare that you are an aboriginal applicant as defined by the Constitution Act of 1982 (Canada)? If so, please specify: <input type="checkbox"/> Status Indian <input type="checkbox"/> Metis <input type="checkbox"/> Non-Status Indian <input type="checkbox"/> Inuit							

### 2. Program of Study Master of Information Systems Security Management

Do you wish to enroll full or part-time? <input type="checkbox"/> Full time <input type="checkbox"/> Part-Time					
For either full or part-time, please indicate the term: <input type="checkbox"/> Fall (September) <input type="checkbox"/> Winter (January) <input type="checkbox"/> Spring/Summer (May to August)				Month	Year
Beginning .....					

### 3. Previous Education (Attach a separate sheet for additional space)

List all Post-Secondary institutions that you have attended or are currently attending and degrees achieved. Also include the name of your High School.				
1. Name of Institution	Name of Degree	Year Attended From	Year Attended To	Language of Instruction
Location – Province (or Country if outside of Canada)				
2. Name of Institution	Name of Degree	Year Attended From	Year Attended To	Language of Instruction
Location – Province (or Country if outside of Canada)				
3. Name of Institution	Name of Degree	Years Attended From	Year Attended To	Language of Instruction
Location – Province (or Country if outside of Canada)				

#### 4. Other Information

If you attended a high school in Alberta, please provide your Alberta Education Student Number (ASN) .....  
 If you are a student who completed high school from outside Alberta, please obtain an Alberta Student Number by applying online at: <http://www.education.gov.ab.ca/learning/studentservices>

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Have you written or will you write an English language proficiently test (i.e. TOEFEL) to demonstrate fulfillment of the English language requirement?  
 If yes, state the test taken, date of last writing, and available test score.

Test Name	Date Written (or proposed date)	Test Score
-----------	---------------------------------	------------

Will you have a university degree by the time you wish to enroll at Concordia?  Yes  
 If yes, specify degree and date received:

Have you previously attended Concordia University College of Alberta?  No  Yes Years(s): ID Number: | | | | |

Have you ever been required to withdraw from a program of studies at a post-secondary institution for academic or disciplinary reasons?  No  Yes  
 If yes, state, date, name and location of the institution(s) below:

Name of Institution	Location (Province) (Country if outside of Canada)	Date
---------------------	--	------

Please state any disability (physical, mental, or learning) for which you may require special assistance.

Do you wish to be contacted by the Office of Student Affairs regarding available resources for students with disabilities?  No  Yes

Would you like to receive Concordia Residence information?  No  Yes

How did you learn about Concordia?

#### 5. Designate Authorization

If you wish to designate a representative to act on your behalf during your initial admission and registration only, please complete this section. You may also designate a representative at a later point by contacting the Admissions and Financial Aid Office or the Registrar's Office and completing the appropriate form. Please note that no information regarding your student records, application or registration will be disclosed to others unless you direct us to do so.

Surname / Given Names	Relationship to Applicant	Phone ( )
Apartment Number / Box / Street	City / Province	Postal Code Country

#### 6. Applicant Declaration

Read the Applicant Declaration carefully before signing the Application Form. Your signature must be original and in ink.

I certify that all statements made in connection with this application are true and complete in all respects and that no information has been withheld. I understand that misrepresentation, falsification of documents or withholding of requested information are considered serious offences which may result in the immediate cancellation of my admission and registration at Concordia University College of Alberta.

I agree, if admitted to Concordia, to comply with the standards and regulations of Concordia as outlined in the current Calendar. Completion of this application gives express permission to Concordia to request from other institutions my academic transcripts in addition to those already submitted.

Further, I acknowledge that the information contained herein is required to determine my eligibility for admission and other programs and services offered by Concordia. (For additional information regarding the collection, use and disclosure of information collected on this Application Form, refer to the current Calendar, Section 11.4.2: Protection of Student Information).

Applicant Signature	Date
---------------------	------

#### 7. International Assessment Fee Payment

I authorize Concordia University College of Alberta to charge against my credit card the CAD\$80.00 *International Assessment Fee*.

<input type="checkbox"/> Mastercard <input type="checkbox"/> VISA <input type="checkbox"/> American Express	Card Number:	Expiry Date	
		Month	Year
	Cardholder's Name:	Cardholder's Signature:	