

SUMMARY SHEET 2017-18

DEPARTMENT OF COMMUNICATION STUDIES
BA Admission Committee - 7141 Sherbrooke St. West, CJ 3.230 - Montreal, Quebec H4B 1R6

Please complete this form and return it along with your Letter of Intent, CEGEP transcript (or equivalent), Essay and Academic Assessment Forms to the BA Admission Committee at the address shown above.

Please Print

First Name	Family Name		
Address for All Correspondence:			
Street Number	Street Name	Apt/Suite	
City	Province	Country	Postal Code
Telephone:	(1) _____	e-mail: _____	
	(2) _____	FAX: _____	

<p>First Choice Program:</p> <p style="text-align: center;">Communication Studies <input type="checkbox"/></p> <p style="text-align: center;">Communication and Cultural Studies <input type="checkbox"/></p> <p>Is this your first application to the Department? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p style="text-align: center;">Concordia I.D. _____</p> <p>Program Student Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>New Applicant Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Independent Student Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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Interview Information
Interviews are held in April. If selected for an interview, will you be able to attend? Yes <input type="checkbox"/> No <input type="checkbox"/>
Out-of-town applicants: Applicants selected for an interview but who are unable to be present will be contacted by the Department to make other arrangements.

Birth Date	Personal Data:	Languages:	Spoken	Written
____/____/____ Day Month Year		English	<input type="checkbox"/>	<input type="checkbox"/>
		French	<input type="checkbox"/>	<input type="checkbox"/>
		Other	<input type="checkbox"/>	<input type="checkbox"/>

Education	Name and Location	Number of Years

Your Signature _____ Date: _____

Release of Information regarding Status of Application (optional): Is there any person whom you authorize to make enquiries to the Department of Communication Studies on your behalf to determine the status of your application (i.e. family member, friend, school counsellor, etc.)? If yes, please specify:

Name: _____ Relationship to you: _____