TYP Application Form
CHECK LIST

All inquiries/documentation should be forwarded to:
Transition Year Program, College of Continuing Education, Dalhousie University,
1400 LeMarchant Street, Halifax, NS, B3H 3J5. Phone number: (902) 494-3730.

All information contained in this application will remain confidential.

1. Completed Application and Resume

2. Personal statement
   Applicants must complete a 250-500 word personal statement which should address the following questions:
   - Why do you want to attend the TYP?
   - What are your academic goals?
   - What are your long-term career goals?
   In addition, list your community and/or volunteer activities.

3. Three references: (PLEASE MAKE TWO COPIES)
   - PROFESSIONAL: One reference to be completed by your present or most recent employer, or from an agency or organization where you have been engaged in volunteer work or pre-employment training.
   - PERSONAL: One reference to be completed by a person other than a family member, e.g. Clergy, Member of a community organization, Educator, Elder, Chief.
   - ACADEMIC: One reference to be completed from current or recent teacher.

   NOTE: If you have not been in an academic environment for five years or more and are unable to obtain academic references, you must submit two professional references and one personal reference.

4. Academic transcripts
   Applicants should submit copies of most recent marks from high school, community college, GED upgrading, job training programs, etc.

Our selection process involves the following steps:
- Reviewing completed application, including resume and references
- Skill testing in Math and English is administered.
- A personal interview may follow.
- The final selection of candidates is made.

DEADLINE FOR APPLICATION: JUNE 15, 2020
TRANSITION YEAR PROGRAM COLLEGE OF CONTINUING EDUCATION
APPLICATION for ADMISSION

CONTACT INFORMATION

Full Legal Name

Include your full legal name as it appears on your official identification documents, for example your birth certificate or passport. Your full legal name should also appear on all supporting documents.

________________________________________
Last Name (Surname/Family Name)                Previous Surname (if applicable)

________________________________________
First Name                                  Middle Name

Preferred Name

________________________________________
Street Address/PO Box/Rural Route/Lot #

________________________________________
City                                           Province/State                               Postal Code                                          Country

________________________________________
Province of Permanent Residence                Telephone                                     Cell Phone

Birth Place

________________________________________
E-mail

Personal Details

Gender □Male    □Female                  Date of Birth __ __ - __ __ - __ __ __ __

SIN __ __ - __ __ - __ __ __ __

* MUST BE PROVIDED*

Citizenship Status

□Canadian Citizen   □Permanent Resident (Landed Immigrant)
□Study Permit (International Students)       □Other (Specify)

If you are not a Canadian citizen and you are residing in Canada, indicate your date of entry into Canada

DD    MM    YYYY

Country of Citizen (if not Canadian)
Secondary Study (High School)

NOTE: Official Transcripts Must Be Provided

High School Attended for Grade 12 (or equivalent)  Province and/or Country

Graduation date or last calendar year attended  DD - MM - YYYY

IF YOU DID NOT COMPLETE HIGH SCHOOL PLEASE EXPLAIN: ___________________________________________________

HAVE YOU APPLIED TO TYP BEFORE: _______ IF SO, WHEN: _____________________

Post-Secondary Study (College/University)

List all colleges and/or universities you have attended or are currently attending.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Province (Country if outside Canada)</th>
<th>From</th>
<th>To</th>
<th>Degree/Diploma</th>
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Have you ever been required to withdraw from any post-secondary institution for academic reasons? [ ] Yes [ ] No

If yes, which Institution _____________________________________________________ Date ___ - ___ - ______

Employment/Volunteer History

Please list all employment and volunteer positions in the last five (5) years:

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

How long have you lived in Nova Scotia: __________________________

Previous Residence in the Last Five (5) Years:

__________________________________________  ____________________________________________

__________________________________________  ____________________________________________

__________________________________________  ____________________________________________

__________________________________________  ____________________________________________
Self-Identification Questionnaire

Aboriginal Peoples
For the purposes of this questionnaire, “Aboriginal Peoples” include individuals who are status, non-status, Métis, or Inuit. Based on this definition, do you consider yourself an Aboriginal person? _____Yes ____ No

BAND: ________________________________

Blacks/Persons of African Descent
Do you consider yourself Black / a person of African descent? _____Yes ____ No

List Historical Black Community Links:
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

Student Accessibility
For the purposes of this questionnaire, disabilities include: hearing and speech impairments; learning disabilities; Attention Deficit Disorder; mental or psychological disorders; mobility, coordination, traumatic brain injury, and health impairments; visual impairments. Do you consider yourself a person with a disability? ________ Yes* _______ No

*If you require accommodation that relates to your disability, you must discuss this with the TYP Director. For more information, visit studentaccessibility.dal.ca.

For further information
Dalhousie University has numerous support services available to students who are Aboriginal, Black/of African descent, or who have disabilities. Would you like to further information about these support services? ________Yes _______ No

Permission to Release Personal Information (Optional)

Your written permission is required before any personal information, including any admissions decisions, can be released to a third party. If a family member or representative, for example a guidance counselor will be inquiring on your behalf and you would like to grant them access to your application information, you must indicate so below. Access to your personal information will be granted only during the evaluation of your application.

☐ I hereby consent to the release of information concerning my application for admission during the application evaluation period to:

Name    Relationship

________________________________________________________________________________________________________
Personal Statement

On a separate sheet, applicants must complete a 500-word personal statement that should address the following questions:

1. Why do you want to attend the TYP?
2. What are your academic goals?
3. What are your long-term career goals?

If you live outside of Halifax, you may qualify for Dalhousie Residence. Are you interested?

Yes _________  No_______

Declaration (Required)

I hereby certify that all of the above information provided in this application is complete and correct, and I authorize Dalhousie University to verify any information provided as part of this application. I understand that withholding information or falsification of information in this application or supporting documents may be considered grounds for non-admission or, after admission, grounds for dismissal. I agree that details concerning my application, enrolment or any falsification of information may be provided to other institutions including the Association of Registrars of the Universities and Colleges of Canada, in accordance with the Freedom of Information and Protection of Privacy Act. I agree to follow and be bound by the provisions of the Calendar, and the regulations of the University, including any revisions, deletions, or additions made to them in the future.

___________________________________________       _____________________________________________
Signature                                                                             Date

Forward your completed and signed application form and supporting documents (e.g. transcripts) to the following address (via fax or regular mail) prior to the deadlines listed.

DEADLINE: APRIL 30TH
Applications cannot be submitted by email.

TRANSITION YEAR PROGRAM
1400 LeMarchant St., Halifax, NS B3H 3J5
Office: 902-494-3730
Fax: 902-494-2135

All submitted documents become the property of Dalhousie University and will not be returned. Your application must be complete and a decision made. Possession of minimum requirements does not guarantee admission. Acceptance to some programs is limited due to the number of spaces available.
Name of Applicant _____________________

TRANSITION YEAR PROGRAM
Confidential Reference Statement

Name of Referee _____________________    Address ______________________________
Position ______________________________    Telephone - Home _____________________
                                          Work ________________________________

How long have you known the applicant?

___ Less than 1 year    ___ 1-3    ___ 3-5    ___ more than 5

What is/was the nature of your association with the applicant?

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Please indicate on the profile below your opinion of this applicant in comparison with others you have known at the same stage in their careers.

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<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Average</th>
<th>Excellent</th>
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<tbody>
<tr>
<td>Initiative</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>(constancy of effort, taking action on his/her own)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Maturity</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>(taking responsibility, preparedness, experience)</td>
<td></td>
<td></td>
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<tr>
<td>Attitude to learning</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>(adapting to change, benefiting from criticism &amp; experience)</td>
<td></td>
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<tr>
<td>Interpersonal relations</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>(interaction with peers, students, co-workers, teachers)</td>
<td></td>
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<tr>
<td>Commitment</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>(seriousness of purpose, dedication)</td>
<td></td>
<td></td>
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<tr>
<td>Work habits</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>(completing tasks, quality of work)</td>
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(Over…)
Name of Applicant ________________________________

The admissions committee encourages you to provide additional information about the applicant, including areas of strength and weakness, and ability to adapt to university life (use additional sheet if necessary).

Would you recommend this candidate to the Transition Year Program? (Please give reasons)

___ Yes  ___ No

Date __________________________ Signature  ____________________________________

Please forward to:

Selection Committee Transition Year Program
College of Continuing Education
Dalhousie University
1400 LeMarchant Street
Halifax, NS B3H 3J5