

## TYP Application Form CHECK LIST

All inquiries/documentation should be forwarded to:

Transition Year Program, Hcww{ 'qh'Qr gp'Ngctplpi '( 'Ectggt'F gxrqr o gpx Dalhousie University,  
1400 LeMarchant Street, Halifax, NS, B3H 3J5. Phone number: (902) 494-3730. Email: typ@dal.ca

**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: APRIL 30 (EVERY YEAR)**



## 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.

Institution	Province (Country if outside Canada)	From	To	Degree/Diploma

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:

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**How long have you lived in Nova Scotia:** \_\_\_\_\_

**Previous Residence in the Last Five (5) Years:**

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# 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:

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## 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](http://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?

## 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 30<sup>TH</sup>**

Applications cannot be submitted by email.

**TRANSITION YEAR PROGRAM  
1400 LeMarchant St., Halifax, NS B3H 3J5**

**Office: 902-494-3730**

**Fax: 902-494-2135**

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All submitted documents become the property of Dalhousie University and will not be returned. Your application must be complete to be processed 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 \_\_\_\_\_



**DALHOUSIE  
UNIVERSITY**

FACULTY OF OPEN LEARNING  
& CAREER DEVELOPMENT

## **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?

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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.

	Poor			Average				Excellent		
<b>Initiative</b> (constancy of effort, taking action on his/her own)	1	2	3	4	5	6	7	8	9	10
<b>Maturity</b> (taking responsibility, preparedness, experience)	1	2	3	4	5	6	7	8	9	10
<b>Attitude to learning</b> (adapting to change, benefiting from criticism & experience)	1	2	3	4	5	6	7	8	9	10
<b>Interpersonal relations</b> (interaction with peers, students, co-workers, teachers)	1	2	3	4	5	6	7	8	9	10
<b>Commitment</b> (seriousness of purpose, dedication)	1	2	3	4	5	6	7	8	9	10
<b>Work habits</b> (completing tasks, quality of work)	1	2	3	4	5	6	7	8	9	10

**(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  
Faculty of Open Learning & Career Development  
Dalhousie University  
1400 LeMarchant Street  
Halifax, NS B3H 3J5**