



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. Which program are you applying to? (e.g., Masters/Doctoral) _____
2. Are you an international or domestic student? _____
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

Please fill out the Letters of Reference section below, providing names and contact information for referees. Letters of reference should be directly emailed 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 the application deadline found on the VISTA website. Thank you.