Ontario Ministry of Training, Colleges and Universities

Application Form for Residents of Ontario

2009 - 2010 Ontario-Quebec Exchange Fellowship Program

Personal Data

Last name	First name and middle initial	Mr. ☐ Ms. ☐ Mrs. ☐ Miss ☐	Social Insurance Number

Permanent address (number and street)	Apartment	E-mail address

City, town or post office	Province	Postal code	Area code and telephone number

Mailing address as of January 30, 2009 (if different from permanant address)	Apartment

City, town or post office	Province	Postal code	Area code and telephone number

Citizenship status: ☐ Canadian citizen ☐ Permanent resident ☐ Protected Person

Date of birth: Day Month Year

Have you been an Ontario resident from birth to present? ☐ Yes ☐ No

If "No", when did you come to Ontario? Month Year

First language: ☐ English ☐ French

In which language do you prefer to receive correspondence? ☐ English ☐ French

Proposed Studies

Name of university in Quebec at which you intend to register as a full-time student in 2009–2010	Level of study ☐ Master's ☐ Doctoral

Program	Field of study

Department	Faculty	Language of instruction

History of Postsecondary Education

Name of university	Dates				Degree obtained
	From		To		
	Month	Year	Month	Year	

Attach a separate sheet if more space is required.

Other Information

Other universities to which you are applying for admission in 2009–2010	Other scholarships, fellowships, or financial assistance for which you are applying in the 2009–2010 academic year

Academic References

Professors who have agreed to submit Reports 1 and 2 on your behalf

Name	Faculty	Area code and telephone number

Department	University

Name	Faculty	Area code and telephone number

Department	University

Applicant's Signature

X	Date

In accordance with subsection 39(2) of the *Ontario Freedom of Information and Protection of Privacy Act*, this is to advise you that the personal information collected on this form will be used only for the proper administration of the Ontario-Quebec Exchange Fellowship Program. For the purpose of verifying the application and any award, the personal information may be disclosed to any educational institution, the federal government, and ministries of the Ontario government. The information is collected under the authority of the *Ministry of Colleges and Universities Act*, R.S.O. 1990, c. M.19. Any questions should be addressed to the Ministry of Training, Colleges and Universities, Student Support, Fellowships, PO Box 4500, Thunder Bay ON P7B 6G9; telephone number: (807) 343-7257.

34-2904E (rev 12/2008)

Ontario Ministry of Training, Colleges and Universities

Report 1

2009 - 2010 Ontario-Quebec Exchange Fellowship Program

To be completed by the professor who is most familiar with applicant's work

This form must be received by **January 30, 2009**, by the Ministry of Training, Colleges and Universities, Student Support, Fellowships, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay ON P7B 6G9.

***Note:* Under the *Ontario Freedom of Information and Protection of Privacy Act*, the use of this form is mandatory.**

A. To be completed by applicant

Name of student

Social Insurance Number

Name of institution at which student is currently registered

B. To be completed by professor

Note: Only applicants with an overall average of at least B+ or its equivalent in each of the last two years of study are eligible to apply.

	In comparison with other students at a similar level, the candidate would rank as follows:					
	Outstanding – Top 2%	**Next 8%**	**Above average – Next 20%**	**Average – Next 20%**	**Below average – Lower 50%**	**Inadequate opportunity to observe**
Background preparation						
Originality						
Present ability at research						
Research potential						
Industriousness						
Judgement						
Oral and written skills						
Overall ability						

In this section, please elaborate on the assessment above. Other relevant comments may be added. Please type or print clearly. You may choose to attach a separate sheet.

Taking all factors into consideration, I would rank this applicant:

A+ ☐ A ☐ A- ☐ B+ ☐ B ☐ B- ☐

I have known the applicant for the period from ..... to .....
(month/year) (month/year)

in my capacity as ..... .

Name	Faculty
Department	University

Under the *Ontario Freedom of Information and Protection of Privacy Act*, the ministry has responsibilities respecting the proper collection, retention, use, and disclosure of personal information. The personal information on this form is collected under the Ministry of Colleges and Universities Act, R.S.O. 1990, c. M.19, and is used by the ministry to administer all aspects of the Ontario-Quebec Exchange Fellowship Program. Because this report contains personal information about the applicant, the information not only may be used by the ministry but may also be disclosed to the applicant upon request. Any questions should be addressed to the Ministry of Training, Colleges and Universites, Student Support, Fellowships, PO Box 4500, Thunder Bay ON P7B 6G9; telephone number: (807) 343-7257.

Professor's signature	Date
X	

34-2904E (rev 12/2008)

Ontario

Ministry of Training,
Colleges and Universities

Report 2

2009 - 2010 Ontario-Quebec Exchange Fellowship Program

To be completed by a professor who is familiar with applicant's work

This form must be received by **January 30, 2009**, by the Ministry of Training, Colleges and Universities, Student Support, Fellowships, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay ON P7B 6G9.

***Note:* Under the *Ontario Freedom of Information and Protection of Privacy Act*, the use of this form is mandatory.**

A. To be completed by applicant

Name of student

Social Insurance Number

Name of institution at which student is currently registered

B. To be completed by professor

Note: Only applicants with an overall average of at least B+ or its equivalent in each of the last two years of study are eligible to apply.

	In comparison with other students at a similar level, the candidate would rank as follows:					
	Outstanding – Top 2%	**Next 8%**	**Above average – Next 20%**	**Average – Next 20%**	**Below average – Lower 50%**	**Inadequate opportunity to observe**
Background preparation						
Originality						
Present ability at research						
Research potential						
Industriousness						
Judgement						
Oral and written skills						
Overall ability						

In this section, please elaborate on the assessment above. Other relevant comments may be added. Please type or print clearly. You may choose to attach a separate sheet.

Taking all factors into consideration, I would rank this applicant:

A+ ☐ A ☐ A- ☐ B+ ☐ B ☐ B- ☐

I have known the applicant for the period from ..... to .....
(month/year) (month/year)

in my capacity as ..... .

Name	Faculty
Department	University

Under the *Ontario Freedom of Information and Protection of Privacy Act*, the ministry has responsibilities respecting the proper collection, retention, use, and disclosure of personal information. The personal information on this form is collected under the Ministry of Colleges and Universities Act, R.S.O. 1990, c. M.19, and is used by the ministry to administer all aspects of the Ontario-Quebec Exchange Fellowship Program. Because this report contains personal information about the applicant, the information not only may be used by the ministry but may also be disclosed to the applicant upon request. Any questions should be addressed to the Ministry of Training, Colleges and Universites, Student Support, Fellowships, PO Box 4500, Thunder Bay ON P7B 6G9; telephone number: (807) 343-7257.

Professor's signature	Date
X	

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