



MASTER OF SCIENCE IN MATH FULL-TIME AND PART-TIME APPLICATION PROCESS

Degree Offered: MSc Math
Application Deadline: February 15, 2012
Application Fee: \$75

ADMISSION REQUIREMENTS:

Applicants must hold an honours BA or BSc, normally in Math or in a combined honours program with a math major, with at least a 75% average on the last ten full (20 semester) courses completed at the time of application, or equivalent qualifications to be considered for admission.

REQUIRED DOCUMENTATION:

1. Application form completed in full; \$75 application fee.
2. Three (3) academic references mailed with the application form in sealed envelopes with the referee signature over the seal
3. Undergraduate transcripts from all institutions attended, included those attended on a letter of permission or exchange program. Transcripts must be sent directly from the issuing institution to Nipissing University.
4. A typed Statement of Interest, indicating your research area(s) of interest.
5. Resumé
6. Proof of English Language Proficiency for foreign applicants whose undergraduate degree was not taken at an English-language university. Nipissing University accepts the following tests as proof of proficiency in English:
 - TOEFL with a minimum score of 550 (paper-based), 213 (computer-based) including a TWE score of 5.0, or an overall score of 80 on the TOEFL iBT, with no section less than 20
 - MELAB with a minimum overall score of 85%
 - IELTS with no band score less than 6

QUESTIONS ABOUT ADMISSIONS:

Questions regarding admission to the Master of Science in Math program can be directed to the Office of the Registrar at (705)474-3461, extension 4761, or admiss@nipissingu.ca

Applicants are responsible for ensuring that the completed application and required documents are received by the deadline date.

Submit all documents to:

MSc Math Selection Committee
Office of the Registrar
Nipissing University
100 College Drive, Box 5002
North Bay ON P1B 8L7

Office of the Registrar
 100 College Drive, Box 5002, North Bay, ON P1B 8L7
 Telephone (705) 474-3450 ext. 4571, Fax: (705) 495-1772
 email: admiss@nipissingu.ca

Master of Science in Math

Full-time Part-time

STUDENT NUMBER (previous Nipissing students only)

SURNAME

DATE OF BIRTH		
MM	DD	YY

GIVEN NAMES	SEX	SOCIAL INSURANCE NUMBER (if applicable)

ADDRESS		
POSTAL CODE	TELEPHONE	WORK OR CELL PHONE
-		

FORMER SURNAME (if applicable)

E-MAIL ADDRESS (please provide)

NAME OF POST-SECONDARY INSTITUTIONS ATTENDED	LOCATION	ATTENDED		DEGREE RECEIVED OR EXPECTED	GRADUATION DATE OR EXPECTED DATE
		FROM	TO		

STATUS IN CANADA	FIRST LANGUAGE	HAVE YOU PREVIOUSLY ATTENDED NIPISSING?
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Visa Student <input type="checkbox"/> International Applicant	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other	<input type="checkbox"/> YES _____ MOST RECENT YEAR <input type="checkbox"/> NO

Country of Residence: _____ **Country of Citizenship:** _____

DECLARATION: I HEREBY CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE CORRECT AND COMPLETE INCLUDING MY DECLARATION OF CITIZENSHIP AND IMMIGRATION STATUS. I UNDERSTAND THAT MISREPRESENTATION OF THIS DATA MAY RESULT IN ADMISSION TO OR REGISTRATION IN THE UNIVERSITY BEING RESCINDED. I ALSO ACCEPT THAT INFORMATION ON FALSIFIED DOCUMENTS IS SHARED WITH THE ASSOCIATION OF UNIVERSITIES AND COLLEGES OF CANADA.

_____ DATE	_____ SIGNATURE OF APPLICANT
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DISCLAIMER: Nipissing University reserves the right to make changes to courses, programs, admission requirements and regulations at any time, and without prior notice.
 PROTECTION OF PRIVACY: Information requested from students and applicants is collected under the authority of the Nipissing University Act, 1992. Pursuant to the Freedom of Information and Protection of Privacy Act you are hereby notified that: "By applying for admission to Nipissing University and by registering in programs or courses at the University, you are accepting the University's right to collect pertinent personal information. The information is needed to assess qualifications for entry, establish a record of performance in programs and courses, provide the basis for awards and government funding, and to assist the University in the academic and financial administration of its affairs". Additionally, personal information may be used by University staff in many offices on a "need to know" basis to identify and contact students who require their services. Personal information is also provided to the Nipissing University Student Union in order to enroll students in their Health Care Plan.

Applicant: Please complete this section before presenting to referee

Name of Applicant:

Surname	First	Middle
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Referee: We would appreciate your appraisal of the above applicant for a Master's degree in the field of Math. The information in the report will be considered confidential.

- How long have you known the applicant? (MM/YY) From: _____ to _____
- In what capacity? _____
- Indicate with an 'X' your evaluation of this applicant with respect to his/her ability to complete a graduate program in the field of Math:

	Excellent	Very Good	Good	Fair	Poor	No Basis for Comment
Intellectual Capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scholarly Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- In comparison with other students at the applicant's level, indicate where you would place this applicant.
 Among the top 2% 5% 10% 25% 40% 50% lower than 50%

- Please add any comments and indicate if there are any factors which might prevent the applicant from successful graduate study. (Please attach your letter of reference and comment, if possible, on the candidate's suitability for a position as a teaching assistant.)

Name: _____

Faculty: _____

Position: _____

Signature: _____

Telephone & e-mail address

To the Referee:

Please enclose this form in a sealed envelope and write your signature over the seal. Return the envelope to the applicant to enclose with their application. Deadline: February 15, 2012

Institution: _____

Address: _____

Date: _____