



Admissions
1280 Main Street West
Hamilton, Ontario, Canada
L8S 4L8
Phone: (905)525-4600
Fax: (905)527-1105

McMaster University Part-Time Degree Studies: Application Amendment

Surname: _____

Given Name: _____

OUAC Reference Number: _____

McMaster Student Number: _____

Date: _____

Please ONLY complete any area(s) you wish to amend/update and fax the signed form to the Admissions office at (905)5271105. If you do not have access to a fax, please mail the form to above address. You may attach additional pages if required. We invite you to call us at (905)525-4600 if you have any questions.

Program Choice Amendment

DROP A PROGRAM:

Program Title: _____

Subject of Major Interest: _____

Year Code (select):

First Year

Advanced Standing

Expected Date of Enrolment (select):

Fall (September)

Winter (January)

Spring (May/June)

ADD A PROGRAM

Program Title: _____

Subject of Major Interest: _____

Year Code (select):

First Year

Advanced Standing

Expected Date of Enrolment (select):

Fall (September)

Winter (January)

Spring (May/June)

Personal Information

Title: _____

Legal Last Name/Family Name:

All Legal Given or First Names in Full:

Former Last Name/Given Name:

—

Gender (select): M/F

Date of Birth (yyyy/mm/dd): _____

Mailing Address Telephone:

Address 1: _____

Address 2: _____

City: _____

Province or State: _____

Country: _____

Postal or Zip Code: _____

*If you wish to amend more than one program choice, please use the space provided on page 2 or attach an additional page with the details

Alternate Communication

E-mail Address: _____

Institutions Attended

Type of Institution: _____

From Date (yyyy/mm/dd): _____

To Date (yyyy/mm/dd): _____

Institution Name: _____

Institution Location: _____

Highest year/Level Achieved: _____

Program Studied: _____

Degree/Diploma: _____

*If you wish to add more than one institution, please use the space provided or attach an additional page with the details.

Activities When Not a Student

From Date (yyyy/mm/dd): _____

To Date (yyyy/mm/dd): _____

Activity: _____

Employer: _____

*If you wish to add more than one activity, please use the space provided or attach an additional page with the details.

Additional Information

Please use the space below to provide any additional information you wish to be included in your application.

Applicant's Declaration

I declare that the above information is correct and complete. I acknowledge that if evidence of submission of fraudulent or falsified documentation is found McMaster reserves the right to revoke any offer of admission and support. I accept that information on falsified documents is shared with all Canadian universities, and Citizenship and Immigration Canada.

I agree to the above conditions and wish to submit these amendments to my application.

Signature:

X _____ Date _____