

<u>Please complete and submit this application form to btechdc@mcmaster.ca</u>

Contact Information:	<u></u>	Date Submitted:
Last Name	First N	ame
Date of Birth (DD/MM/YY)	McMaster Student Number (if applicable)	
Citizenship	Gende	r □Male □Female
Home Address		
City/Province	Postal	Code
Email Address	Phone	
Program Details:		
Which specialization are you applying for?		
☐ Civil Engineering Infrastructure Technolo☐ Software Engineering Technology☐ Manufacturing Engineering Technology	gy	☐ Power & Energy Engineering Technology ☐ Technology Leadership

Application Process:

In addition to this application form applicants must submit

- Supplementary application form
- Official transcripts for all post-secondary institutions attended

Send all supporting material to:

Program Administrator
McMaster-Mohawk Bachelor of Technology Programs
Engineering Technology Building Room 213
1280 Main St. W
Hamilton, ON L8S 0A3

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