

Application Form

School of Engineering Practice and Technology Certificate Programs

Please complete and submit this application form to btechdc@mcmaster.ca

Contact Information:

Date Submitted: _____

Last Name

First Name

Date of Birth (DD/MM/YY)

McMaster Student Number (if applicable)

Canadian

Permanent Resident

Visa If yes, include country of citizenship: _____

Home Address

City/Province

Postal Code

Email Address

Phone

Program Details:

Which specialization are you applying for?

- Civil Engineering Infrastructure Technology Power & Energy Engineering Technology
 Software Engineering Technology Technology Leadership
 Manufacturing Engineering Technology

Application Process:

In addition to this application form applicants must submit

- Official transcripts for all post-secondary institutions attended, including those where a program was not completed.

Send all supporting material to:

W Booth School of Engineering Practice and Technology Certificate Programs
Engineering Technology Building Room 213
1280 Main St. W
Hamilton, ON L8S

OR

Post-Secondary Institutions may also send transcripts to btechdc@mcmaster.ca due to COVID-19 restrictions.

Please note that we will only accept transcripts sent directly by the institution, and that no transcripts sent by the student will be accepted.

The information gathered on this form is collected under the authority of the McMaster University Act, 1976. The information is used for the academic, administrative, financial and statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards; convocation/graduation; provision of student services, including access to information systems; alumni; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and is being collected under section 39(2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the, University Secretary, Gilmour Hall, room 210, McMaster University.

Supplementary Information

First Name	
Last Name	
Email	

D.O.B. (DD/MM/YYYY)	
Certificate Stream	
Preferred Start Term	

Educational Information

	Name of Institution	Name of Program	Year of Graduation
1			
2			
3			
4			
5			

Co-op Work Information

	Name of Employer	Position Title	Duration
1			
2			
3			

Employment Information (non-co-op)

	Name of Employer	Position Title	Duration
1			
2			
3			

If there are any time gaps of 6 months or more in between your work and educational experience, please provide an explanation here:

Other relevant experience: