Application Form

Master of Laws (LL.M.) Business Law in a Global Context

Please print clearly in capital letters.

Identificat	tion				
Family name:					
First name:					
Gender:	female	Date of birth: day:		month:	year:
	or mother tongu		ken the most at I		
Arabic		Spanish	English	If other, please state which la	anguage.
Place of B	irth				
City:				Province or state:	
Country:					
Father's family name:				Father's first name:	
Mother's family name at birth:	у			Mother's first name:	
Address					
Civic (door) nu	imber:	Street:			Apartment:
Town or city:				Province or state:	
Country:				Postal code:	
Phone numbe	er				
Home:			Office:		Extension:
Email address	(in capital letters)			
Citizonchi	n Status				
Citizenshi		_ Citizen nit)		Permanent resident (land	ed immigrant)
	nded immigrant, nce you stayed u	please indicate pon your arrival:	:		
Current St	tudies				
Name of educational ins	stitution:				
Year(s) attende	ed	4		Degree	
from: Expected date		to:		expected:	
of graduation	month:			year:	



rear(s) attended		Degree	
from:	to:	expected:	
Expected date of graduation month:		year:	
	nt (candidates coming from th		
	The (candidates coming from th		
Position held:		Employer:	
Address:			
Employment during you	r studies		
Full-time: Position he Part-time: Position he		Employer:	
Part-time: Position ne	10:	Employer:	
Scholarship Applic	ation		
Have you already received a If yes, indicate the funding	a scholarship for your upcoming agency:	studies? Yes	No
Have you submitted a scho If yes, indicate the funding		Yes	No
	dge Please indicate your know letter: E=Excellent; G= Good; P:	vledge of English or another langu = Poor	age or languages
read	l understand	l write	l speak
E G P English	E G P English	E G P English	E G P English
E G P Other	E G P Other	E G P Other	E G P Other
E G P Other	E G P Other	E G P Other	E G P Other
Please specify the other lan	guage(s):		
Additional Sheets	to Provide		
References: Provide the nar	mes and addresses of two profes	sors or employers who will write a l	etter of recommendation for y
Name:			
Address:			
Name:			
Address:			
Previous Application	ons		
	niversité de Montréal during the st for Graduate Studies at Unive		no no
or have you been registered Undergraduate studies:	yes		
Graduate studies: Year of your last registratio	n:	L] no	
Program:			
Authorization and	Declaration		
I authorize the Ministry of I	Education and the educational i	nstitutions where I have studied to	o disclose my academic

I authorize the Ministry of Education and the educational institutions where I nave studied to disclose my academic achievements to the Université de Montréal. I understand that the Université de Montréal will provide the Ministry of Education the information needed to create or validate my Permanent Code. I authorize the Université de Montréal to transmit to the Conference of Rectors and Principals of Québec Universities (CREPUQ) information for the purpose of admissions operations and the production of statistics. I authorize the Université de Montréal to give information requested by summons on me. If applicable, I authorize the Ministère des Relations avec les citoyens et de l'immigration to transfer to the Université de Montréal, on my behalf, the confirmation of the deliverance of the Quebec certificate of acceptance. I certify that I have read the information provided with the application form and that all statements are correct and complete. I acknowledge that any false declaration or omission of providing relevant information in a document related to my admission or my registration may result in revoking my admission or registration to the University.