

- ▶ Please read application instructions. Please print and complete the form.
- ▶ Approval of your application is required before you register in the first course of this certificate.

A NAME	
1. Mr. <input type="checkbox"/> 2. Mrs. <input type="checkbox"/> 3. Miss <input type="checkbox"/> 4. Ms. <input type="checkbox"/> 5. Dr. <input type="checkbox"/> 6. Other <input type="checkbox"/>	Ryerson Student Number (Current/Previous, if applicable)
Surname	Other/Previous Surname(s)
First Name	Middle Name or Initial

B MAILING ADDRESS			
Apt.	Number	Street	
City or Town		Province	Postal Code
Home Phone () ()		Work Phone () () ext.	Fax () ()
Email Address			

C EDUCATION HISTORY			
University Degree	Location	Year completed	Program
Education in GIS – Institution			
GIS Experience – Company/Organization	Position	Dates	Location

Degree/Transcripts are enclosed from the following schools: _____

Additional documentation will be forwarded from the following schools: _____

Please note that your application will not be processed without the appropriate documentation.

D DECLARATION	
I have read and understood the application instructions, and my signature below indicates that all responses are true and accurate. No relevant information, academic declaration, has been withheld, otherwise my admission to or registration at Ryerson University may be revoked.	
Signature: _____	Date: _____

E ACADEMIC COORDINATOR'S APPROVAL	
Signature: _____	Date: _____

Completed application form and all necessary documentation should be submitted to:

Joe Aversa, Academic Coordinator
 Applied Digital Geography and GIS
 Department of Geography
 RYERSON UNIVERSITY 350 Victoria Street
 Toronto, ON M5B 2K3

Email: certificates@geography.ryerson.ca
 Phone: 416.979.5000, ext. 7149
 Fax: 416.979.5362