



# SUPPLEMENTARY INFORMATION FORM FOR DEGREE HOLDERS

## NOTE: THIS FORM IS FOR DEGREE HOLDERS ONLY

In order to ascertain the nature of your current academic objectives, we ask that you complete this supplemental form and email it to [applicant@uoguelph.ca](mailto:applicant@uoguelph.ca) with your application.

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
U OF G I.D. NUMBER

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
DATE OF BIRTH (YYYY/MM/DD)

**Please check and complete one of the following:**

- (A) I intend to pursue a second undergraduate degree.  
Please indicate your proposed major or specialization: \_\_\_\_\_.  
Note: the course content of a second degree must be substantially different from that of any previous degrees.
- (B) I intend to upgrade a degree from the general program to the honours program or by adding another specialization to an Honours degree to obtain an Honours Equivalent recognition.  
Please indicate your proposed specialization (eg. major or minor): \_\_\_\_\_.
- (C) I do not intend to pursue a degree or a degree equivalent. I intend to upgrade my academic qualifications for admission consideration for a graduate or professional program.  
Please indicate your intended graduate or professional program:  
\_\_\_\_\_  
*Institution* *Program*
- (D) I intend to register in on-campus courses for professional development or personal reasons.  
Please indicate your area(s) of academic interest: \_\_\_\_\_.
- (E) I intend to register in graduate courses and have obtained permission to do so.  
NB: Permission to register in graduate courses will be granted only under special circumstances. Written permission is required from the Chair of the Department that offers the graduate courses and from the instructors of the courses. Note that graduate courses completed in this manner will not normally be credited subsequently to a graduate program.
- (G) Other. Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**An admission decision will be communicated to you following submission of this form and all other required documents. Should you require assistance completing this form, please call Admission Services at 519.824.4120, ext.58721.**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
      YYYY  MM  DD

SIGNATURE: \_\_\_\_\_