



McMaster Certificate Program Application

Name: _____

Contact information: email - _____

Address - _____

Phone – (cell) _____ (home) _____

Expected graduation date: _____ Major: _____

McMaster Scholar to: _____ Date: _____ Course : MC _____

Fellow(s) associated with the above learning community: _____

- Please attach or submit via email a letter of support from one of the above fellows.
- Please attach your McMaster Scholar project abstract:

Are you applying to be a returning McMaster Scholar? Yes _____ No _____

If so which learning community you are applying to _____

- Please attach your returning scholar project abstract.
- Please submit a detailed program of study approved and signed by your academic advisor that has incorporated the above program requirements. Note many of the courses above are offered on an alternate year basis – consult the McMaster School or the Registrar to determine when the above courses are scheduled to be taught.

