

**Application for Entry to Undergraduate Certificate Program  
in Refugee and Forced Migration Studies**

**The completed application must be submitted for approval to the academic unit offering the certificate program.**

Student Information	
First Name	Last Name
Student Number	Home Faculty
E-Mail Address	Telephone Number
Current Undergraduate Degree Program	Major
Year of Study	Number of Credits Completed
Expected Year of Graduation	Address

Courses Completed (name, number, credit)
Courses Currently Enrolled In (name, number, credit)
Courses Planning to Take (name, number, credit)

Student Signature	Date
Academic Unit	Authorized Signature (Coordinator or Advisor)

Please contact CRS at 416.736.2100 extension 30391 or email [crsedpro@yorku.ca](mailto:crsedpro@yorku.ca) Visit our website at [www.yorku.ca/crs](http://www.yorku.ca/crs) for more information.

**Office Use Only**

**Input Date** \_\_\_\_\_ **Initial** \_\_\_\_\_