



Professional Development  
LLM

## The Faculty of Graduate Studies Application for Admission to the **LLM in International Business Law**

Candidates for the LLM in International Business are requested to complete this application for admission (refer to instructions on reverse) and submit it, with supporting material, to:

**Osgoode Professional Development**  
Attention: International LLM Admissions  
1 Dundas Street West, 26th Floor  
Toronto, ON M5G 1Z3  
CANADA

**Sophie Seventikidis**, Admissions and Client Services Assistant  
Phone: 00+1+416.673.4670 / Fax: 00+1+416.597.9736  
Email: [admissions-opd@ogooode.yorku.ca](mailto:admissions-opd@ogooode.yorku.ca)

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## APPLICATION CHECKLIST & INSTRUCTIONS

Please provide *original copies* of the following information and documentation by mail or courier to the address below. Electronic copies and fax copies will not be accepted.

**Osgoode Professional Development**  
Attention: International LLM Admissions  
1 Dundas Street West, 26th Floor  
Toronto, ON M5G 1Z3  
CANADA

✓ **APPLICATION FORM** Please type or print clearly. Complete all applicable sections and sign where indicated. Our primary means of corresponding with you will be by email. Please ensure that you have a permanent email address and write it very clearly on the Application Form.✓

✓ **TRANSCRIPTS** Please provide **TWO OFFICIAL** transcripts from every university or college you have attended where a grade was received. If transcripts are in a language other than English or French, official translations are required. Transcripts must be sent to us directly from the university.

✓ **REFERENCE FORMS** Please provide **TWO** completed Reference Forms from referees who can assess your potential to complete the LLM successfully. Your referees may submit a letter **in addition** to the required forms. For complete instructions, please refer to the Reference Form found within the application package.

✓ **PROOF OF LANGUAGE PROFICIENCY** If your first language is not English, you must show you have an acceptable level of English by completing a language proficiency test. If you have completed at least two years at an accredited university in a country (or institution) where English is the only official language of instruction, you may be exempt from this requirement, but York University reserves the right to require a successfully completed language proficiency test. The minimum language test score requirements are as follows: **100 (iBT) or 7.0** on the International English Language Testing System (**IELTS**), or Band 1 (Level 6 with distinction) York University English Language Institute (**YUELI**). *Results must be sent to our office by the issuing institution in a sealed envelope to be considered official.*

✓ **RÉSUMÉ** Please provide an up-to-date résumé in chronological format listing your academic, employment and other activities since you began university or college.

✓ **PERSONAL STATEMENT** Please provide a personal statement, in English, (250-300 words) outlining why you are interested in the program and what you hope to do after graduation.

✓ **APPLICATION FEE** A non-refundable application fee of \$100 CAD must be submitted with each application. Payment may be made by means of certified cheque, bank draft, money order or credit card. Cheques, bank drafts or money orders should be made payable to York University. Credit card information may be provided with the Application Form.

If you have any questions about our programs or application process, please contact:

**Sophie Seventikidis**, Admissions and Client Services Assistant

Phone: 00+1+416.673.4670 / Email: admissions-opd@osgoode.yorku.ca.

# APPLICATION FOR ADMISSION

## LLM in International Business Law

### PERSONAL INFORMATION

Mr.  Ms.  Mrs.  Dr. \_\_\_\_\_  
Last name (Family) First Name Middle Name

Previous Last name (if applicable): \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth (dd/mm/yy): \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

First Language: \_\_\_\_\_ Other Languages: \_\_\_\_\_

### EDUCATIONAL HISTORY

**Please list all post-secondary institutions attended (starting with the most recent).**

1. From: (Yr) \_\_\_\_\_ (Mo) \_\_\_\_\_ To: (Yr) \_\_\_\_\_ (Mo) \_\_\_\_\_  
 Name and Location of Institution: \_\_\_\_\_ Program: \_\_\_\_\_

2. From: (Yr) \_\_\_\_\_ (Mo) \_\_\_\_\_ To: (Yr) \_\_\_\_\_ (Mo) \_\_\_\_\_  
 Name and Location of Institution: \_\_\_\_\_ Program: \_\_\_\_\_

3. From: (Yr) \_\_\_\_\_ (Mo) \_\_\_\_\_ To: (Yr) \_\_\_\_\_ (Mo) \_\_\_\_\_  
 Name and Location of Institution: \_\_\_\_\_ Program: \_\_\_\_\_

**\*Please use a separate sheet for additional information.**

### SIGNATURE

*I hereby certify that all statements are correct and complete. I understand that I may have to provide documentation at some future date to substantiate my claims, and that any misrepresentation on this application may result in the cancellation of my admission.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PAYMENT (Please Remit \$100.00 Canadian Dollars)

- Money Order or Bank Draft enclosed, payable to York University
- Credit Card (Visa or Mastercard only)

If you wish to pay by credit card, please complete this section and include with your application package.

Applicant's Name (please print): \_\_\_\_\_

Mastercard  Visa Account No: \_\_\_\_\_ Expiry Date (mm/yy): \_\_\_\_\_

Name of Cardholder (please print): \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

**APPLICANTS:** Mail or email a copy of this form to each referee.

**REFEREES:** To ensure confidentiality, referees are requested to:

- enclose the completed form in an envelope
- SEAL** and **SIGN** the envelope across the seal
- forward the sealed envelope to the applicant, or
- send* it by mail to OPD
- or *fax* the form directly to OPD.

Please note that these documents are CONFIDENTIAL and will not be disclosed to the applicant.

Forms should be mailed to:

**Osgoode Professional Development**  
ATTENTION: International LLM Admissions  
1 Dundas Street West, 26th Floor  
Toronto, ON M5G 1Z3  
CANADA

Fax: 00+1+416 597.9736

**DATE:** \_\_\_\_\_

**NAME OF APPLICANT:** \_\_\_\_\_

1. How long have you known the applicant and in what capacity? In your judgment what are the applicant's major strengths and weaknesses?

2. Please indicate with a ✓ your rating of this applicant in the categories listed below, comparing him or her with other potential graduate students.

	Outstanding	Excellent	Above Average	Average	Not Known
	Upper 5 %	Upper 10%	Upper 25%	Upper 50 %	
Demonstrated Academic Ability					
Academic Potential					
Ability to express himself/herself (orally)					
Ability to express himself/herself (in writing)					
Initiative					
Perseverance					
Ability to Work Independently					

3. The likelihood that the applicant will complete the LLM degree is:

Very likely \_\_\_\_ Likely \_\_\_\_ Unlikely \_\_\_\_ Very unlikely \_\_\_\_

4. Please add any further comments that you wish to make about the applicant. If you prefer to attach a letter, please feel free to do so.

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Referee's Name (type or print)

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Referee's signature

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Position

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Department

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Institution



**To: Osgoode Professional Development**  
ATTENTION: International LLM Admissions  
1 Dundas Street West, 26th Floor  
Toronto, ON M5G 1Z3  
CANADA

Name of Applicant/Student: \_\_\_\_\_

York Student Number: \_\_\_\_\_ and/or

Date of Birth: \_\_\_\_\_  
MM/DD/YYYY

This is to authorize and direct you to disclose any information from my application and/or student records to the following:  
(please identify agency and/or individuals)

\_\_\_\_\_, pursuant to any request from them or from me.

This authorization is valid until revoked in writing by the Applicant/Student.

Date: \_\_\_\_\_  
MM/DD/YYYY

Applicant/  
Student Signature: \_\_\_\_\_

**Privacy:** Personal information in connection with this form is collected under the authority of The York University Act, 1965 and will be used for educational, administrative and statistical purposes. If you have any questions about the collection, use or disclosure of this information by York University, please contact: Information and Privacy Coordinator, York University, Ross N945, 4700 Keele Street, Toronto, ON M3J 1P3, tel. 416-736-2100 Ext. 20359, email info.privacy@yorku.ca.