Department of Food Science, University of Guelph Application Fact Sheet



PERSONAL INFORMATION

Last name:			First 1	Name:	ne:					
Email Address										
I am a Canadian citizen		l am a p resident Canada	ermanent of		I	am an nternational student				
I hold a scholarship			If yes, what is the scholarship							
PROGRAM I AM APPLYING FOR										
M.Sc. Food Science		Ph.D. Fo	ood Science							
I would like to commence my program in:										
Select Semester										
Select Year			_							
I am interested in working with (Click all that apply):	 Dr. Barbut Dr. Farber Dr. Joye Dr. Maran Dr. Mine Dr. Warrin 	goni [Dr. Bohrer Dr. Goff Dr. LaPointe Dr. Marcone Dr. Rogers		 Dr. D Dr. H Dr. Li Dr. M Dr. S 	ill m				
Has a faculty member agreed to accept you into their program, if yes who is the professor?										

English Test Results

If English is not yo provide your Engli		Name of test	Date completed			
test results:						
	Writing	Speaking	Reading	Overall Score		
Describe the research you are interested in completing:						
	L					

Who are you interested in working with and why?