

# Department of Food Science, University of Guelph Application Fact Sheet



## PERSONAL INFORMATION

Last name:  First Name:

Email Address

I am a Canadian citizen

I am a permanent resident of Canada

I am an International student

I hold a scholarship

If yes, what is the scholarship

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## PROGRAM I AM APPLYING FOR

M.Sc. Food Science

Ph.D. Food 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. Goodridge

Dr. Duizer

Dr. Corradini

Dr. Goff

Dr. Hill

Dr. Joye

Dr. LaPointe

Dr. Lim

Dr. Marangoni

Dr. Marccone

Dr. Mercer

Dr. Mine

Dr. Rogers

Dr. Spagnuolo

Dr. Warriner

Has a faculty member agreed to accept you into their program, if yes who is the professor

**English Language Requirement:**

If English is not your first language  
provide your scores:

Date  
completed:

Overall Score:

Listening

Writing

Speaking

Describe the  
research you are  
interested in  
completing:

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Who are you interested in working with and why?