Application for Admission Form

Health Services and Policy Research Collaborative Program

University of Toronto Site

Name of applicant: _____________________________________________________________

Date of application: _________________ / _________________ / _________________

Day Month Year

Date of expected entry into the Collaborative Program: _______________ / _______________

Month Year

Name of current graduate program at the University of Toronto: ________________________

Date of entry into this graduate program: _____________ / ___________ / ___________

Day Month Year

Current enrolment status: 1. Full time 3. Flex-Time
2. Part time

Degree sought in current graduate program: 1 Master’s degree
2  PhD

Name of current supervisor (or faculty advisor)________________________________________

Title or topic of thesis/scholarly paper or project planned for your degree:
______________________________________________________________________________

Please append the following information to your application:

1. An autobiographical letter that describes your interests in health services and policy research. Please outline your career plans, research interests, and suitability for this health services and policy research program (up to five pages).

2. A vita that includes information about scholarships and academic awards received, your background and work experience, and publications and presentations.
Please arrange for the submission of the following information:

- A letter from a graduate faculty member with whom you have worked (usually your supervisor) commenting on your academic progress, your communication abilities and your potential to become a health services researcher.

Please submit the completed application package for the Collaborative Program in HSPR to:

Dr. Whitney Berta  
Institute of Health Policy, Management and Evaluation - Graduate Programs Office  
University of Toronto  
155 College Street, Suite 425  
Toronto, ON M5T 3M6

Deadline for Application for September Admission:  
March 15th

I am aware that this student is submitting an application to enter the Collaborative Program in Health Services and Policy Research at the University of Toronto and support this application.

Name of signer (please print): __________________________________________________________

Signature: _________________________________________________________________________

Title: ____________________________________________________________________________

Date: ____________ / ___________ / _____________  
Day                  Month                 Year