

Supplementary Information Form:

Faculty	of Graduate	Studies,	Disaster	and	Emergeno	cy Manag	gement	Graduate
		Progra	ims, MDE	EM ar	nd PhD DE	EM		

SISID		
Student Name		
Date Submitted		

- 1. Please indicate any awards you have applied for in support of your graduate studies. Please advise your graduate program office upon receipt of any award.
- 2.

Language skills: Some graduate research may require facility in languages other than English. Please list the languages that you read/write/speak, and your level of competency in each area (excellent / good / fair).

- 3. If there are any particular professors in the program with whom you hope to work, please name them. Please note that if you have included this information as part of your statement of interest, you do not need to include the information here.
- 4. Please provide any other information you think should be noted or would be of interest.

5. Please indicate your employment status at the commencement of the program?

Full-Time

Part-Time

N/A