

Academic Assessment Application

Canadian Geoscience



ASSOCIATION OF PROFESSIONAL
ENGINEERS & GEOSCIENTISTS
OF MANITOBA

*My Life's Work
Makes Life Work Better*

1) Personal Information

a. Name

Dr. Mr. Mrs. Ms. Miss

Last Name: _____

Given Name(s) (*underline the name commonly used*):

b. Name Change

Your current name, *if different from above*:

c. Birth Details

Male Female

Birthdate (*MONTH / DATE / YEAR*): _____

Country of Birth: _____

d. Current Address

Street: _____

City: _____

Province: _____

Country: _____

Postal Code: _____

Telephone: _____

Mobile: _____

Fax: _____

Email: _____

2) Employer Information

If you are currently unemployed please leave this section blank.

a) Current employer/company name: _____

b) Work Email address: _____

3) Professional Status

Answer yes if you applied recently or in the past, even if you withdrew.

a) Have you ever applied to APEGM?

Yes No

If yes, what year did you apply? _____

b) Have you ever applied to any other Engineering or Geoscience association in Canada?

Yes No

If yes, please name all associations:

4) Education

List your education in chronological order, do not abbreviate, and be sure to provide all requested detail.

Full Name of Institution: _____

Full Name of Degree or Diploma: _____

City of Institution: _____

Country of Institution: _____

Date Degree Awarded: _____

Degree / Diploma duration 5 Year 4 Year 3 Year

I attended from: _____ to: _____

Was any part of your education completed by: correspondence / online / distance education? Yes No

If yes, please give details:

Additional Degree/Diploma

NOTE

If you do not hold any additional Degree(s) or Diploma(s), please go to Section 5.

Full Name of Institution: _____

Full Name of Degree or Diploma: _____

Discipline Study: _____

City of Institution: _____

Country of Institution: _____

Date Degree Awarded: _____

Degree / Diploma duration 5 Year 4 Year 3 Year

I attended from: _____ to: _____

Was any part of your education completed by: correspondence / online / distance education? Yes No

If yes, please give details:

Additional Degree/Diploma

NOTE

If you do not hold any additional Degree(s) or Diploma(s), please go to Section 5.

Full Name of Institution: _____

Full Name of Degree or Diploma: _____

Discipline Study: _____

City of Institution: _____

Country of Institution: _____

Date Degree Awarded: _____

Degree / Diploma duration 5 Year 4 Year 3 Year

I attended from: _____ to: _____

Was any part of your education completed by: correspondence / online / distance education? Yes No

If yes, please give details:

5) Declaration of Consent

I authorize APEGM to retain all information contained herein and any appended documents including transcripts, work history, proof of degrees, syllabi, translations of same, and any and all information for the purposes of assessing my academic qualifications. I also authorize APEGM to make any enquiries of any institutions to which I may have applied, in order to assess my academic or other qualifications as related to my professional registration.

I understand that this information will be kept on file in accordance with APEGM's retention policy. After completion of the assessment of my academic qualifications, or after I complete the academic assessment program or withdraw from the program, I wish to have the following actions completed:

I declare that all of the information provided is authentic and correct to the best of my knowledge and belief. I understand that a false statement or failure to provide the information requested may, at any time, disqualify me from the assessment program. I authorize APEGM to obtain such additional information as it may deem appropriate, from such additional sources as it may deem appropriate, for the processing of my application.

I understand that it is my responsibility to update my contact information with APEGM as required. If I fail to do so, APEGM will not be held responsible for any consequences related to inaccurate contact information including missed mailings, failure to receive renewal forms or routing of personal information to other persons not authorized to view such information.

I understand that if I request my personal information to be given to me over the phone or by email, APEGM is required to make reasonable efforts to confirm my identity. In order to do this, APEGM will ask one or more authentication questions.

Yes No

Signature of applicant: _____

Date: _____

6) Application Fee

Please see apegm.mb.ca for application fees.

Type of Payment:

I am enclosing a money order/cheque payable to APEGM

I wish to pay by credit card: Visa MasterCard American Express

Amount: \$ _____

Credit Card Number: _____

Expiry Date: _____

Signature of Card Holder: _____

7) Required Documents

Submit the following documents with your application. If you fail to provide the required documents, APEGM will return your application.

Language Requirements

All required documents listed below must be provided in English. If your documents are not in English, you must provide notarized English translations. See Language Requirements at apegm.mb.ca

Checklist

Check each box once you add the required document to your application package.

- Legal change of name document** (*if applicable*)
If your name is different from the name in your documents, attach a legal change of name document such as a Marriage Certificate, Certified record of divorce, or a valid, unexpired, passport issued in your current name.
- Photocopy of one of the following:**
 - Drivers Licence
 - Current Passport
- Photocopy of each degree/diploma you hold**
- Syllabus checklist** (*For details, see Canadian Geoscience at apegm.mb.ca*)
- Official transcripts**

Please ask your academic institute to send your transcript(s) directly to APEGM to the attention of the Assessment Officer. All transcripts **MUST** be mailed to APEGM directly from your institution in a sealed envelope. Student-issued transcripts are not acceptable.

Date transcript ordered: _____

8) Delivery

Deliver your required documents, this entire application form, and your fees by mail/courier or in person.

Mail to:

Assessment Officer
APEGM
870 Pembina Highway
Winnipeg, MB, Canada
R3M 2M7

OR

In person:

Contact the Assessment Officer to arrange a meeting to submit your application:
cshymko@apegm.mb.ca