SAINT MARY'S UNIVERSITY DEPARTMENT OF MATHEMATICS AND COMPUTING SCIENCE APPLICATION FOR MARKING/TUTORING

PLEASE TYPE IN ALL PERTINENT INFORMATION

	umber:	Last Name:	First Na		
SIN:		Date of Birth (DD-MM-YYYY)	Y): Have yo	Have you worked on Campus before: YES NO	
Effective Date: (MM	I/YY)	EM	IAIL:	TES IVO	
Demographics (plea	= use nrint)				
z omograpines (pree		x: Mr, Mrs, Miss or Ms.	Preferred Na	ame:	
Address:					
City:	Provi	nce:	Country (if 1	not Canada):	
Postal Code:		e Number(s): Home & Cell	Gender:	M F NB	
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Citizenship:	Canadian Citizer		Permit or V (Attach Co	VISA Expiry Date: py)	
	Landed Immigra	nt (Specify Citizenship)			
			(DD-	MM-YYYY)	
Are you a studer	nt at Saint Mary	's University? Y	N If not,	give the name of the university	
ou are attending	g or your preser	nt occupation:			
n what year of s	tudy are you?	1st year 2nd y	year 3rd yea	ar 4th year graduate	
-	· ·	Undergraduate		Final Year Honours	
Vhat is your cur	rent status?	Ondergraduate		rillar real Hollours	
,		Completed Undergrad	Degree	Have Masters Degree	
What is your cur	rent academic	status?concentrati	ionmajor	honours post -graduate	
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•			lty?	honours post -graduate Subject Faculty	
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