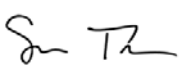


Date: **December 5, 2019**

Student Information

1. Family Name: Dong	2. First Name and Initials: Yuchao
3. Date of Birth: July 8, 1984	4. Student ID number: 20218763
5. Student's full mailing address: Rm 1204, Lee Ga Building 133 Sai Wan Ho Street, Hong Kong Hong Kong, 91 000000	6. Dates: Start date: Day <u>0</u> month <u>05</u> Year <u>2020</u> Completion date: Day <u>0</u> month <u>05</u> Year <u>2021</u> or minimum _____ years of full-time studies
7. Name of School/Institution & DLI#: Queen's University / O19376023352	8. Level of study: Graduate (Masters)
9. Program/Major/Course: Master of Management Analytics Program	10. <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Hours of instruction/week: _____
11. Academic year of study which the student will enter (e.g., Year 2 of 3-year program): Year 1 of 1 Year program	12. Late registration date: Day ____ month ____ Year ____
13. Condition of acceptance specified as clearly as possible (e.g., TOEFL, partial fee payment): N/A	14. Estimated tuition fee for this course: \$74,500.00 & \$19,000.00 (living expenses) CDN
15. Scholarship/Teaching assistantship: .00	16. Exchange Student: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17. Licensing information where applicable for private institution: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	18. If destined to Quebec, has CAQ information been sent to student: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
19. Guardianship/Custodianship details if applicable:	20. Internship/Work practicum: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, length of internship/work practicum:
21. Other Relevant Information:	
22. Signature of institution representative: (e.g., Registrar): 	
23. Name of institution representative (please print): Stephen Thomas, Academic Director, MMA	