







Office of the Secretariat **Faculty of Education University of Windsor**

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Supplemental Information Form – Joint PhD in Educational Studies

PROGRAM SELECTION: Home University Choice (Select one only): Brock University (PT study options) Brock University (FT study options) Lakehead University - Thunder Bay or Orillia Campus - (FT study only) University of Windsor (FT study only) Alternate University Choice (Select one only): Brock University (PT study options) Brock University (FT study options) Lakehead University - Thunder Bay or Orillia Campus - (FT study only) University of Windsor (FT study only) **Potential Supervisor:** Brock University (Mandatory): Lakehead University – Thunder Bay Campus - (Mandatory): Lakehead University – Orillia Campus – (Mandatory):

University of Windsor (Mandatory):

Cognition and Learning: Educational Leadership and Policy Studies: Social/Cultural/Political Contexts of Education: **BIOGRAPHICAL INFORMATION:** First Name: Last Name: Salutation: Email: PERSONAL CONTACT INFORMATION: Address Type: Mailing Address: **Telephone Contact Numbers:** Home: Cell: SELF IDENTIFICATION DECLARATION: I choose not to self-identify. Women **Indigenous Ancestry Declaration** Identify as Indian (Status or Non-Status) First Nation, Inuit, or Metis.

AREA OF RESEARCH INTEREST - FIELD OF STUDY (Select ONE only):

Member of a Racialized Group

If you identify as a member of a Racialized Group (other than Indigenous Ancestry). Please note this is not based on nationality, citizenship, religion, or ethnicity. You may identify yourself with a Racialized Group whether you are

born in Canada or are a Canadian citizen.

No

DECLARATION OF TRUTH:

I believe that the facts stated in this Supplemental	Information Form	- Joint PhD i	n Educational S	tudies
program are true to the best of my knowledge.				

Signature: