



CANADIAN GEOSCIENCE ASSESSMENT APPLICATION

As there are currently no accredited Geoscience degrees - Geoscientists who hold a 4-year honours/specialist/major degree from a Canadian university, or 3-year degree from a Quebec university, are required to apply for a Canadian Geoscience Assessment.

1. PERSONAL INFORMATION

Dr. Ms. Mr. Mrs.

I _____
Please Print First Name Middle Name(s) Last Name

hereby make application for an assessment of my academic credentials by the Academic Review Committee of the Association of Professional Engineers and Geoscientists of the Province of Manitoba.

Date of Birth: _____
Day Month Year

Home Address: _____
Unit / Suite / Apt Street Number Street Name
_____ City Province or State Postal Code or Zip Code

Tel. No: _____ **Email:** _____
Home Cell Phone

Current Employer: _____
Company Name Company Tel No.

2. SUMMARY OF TECHNICAL EDUCATION:

(Please list all university degree / diplomas received)

Name of Bachelor's Degree or Diploma Discipline Name of the University/Institution
(i.e., B.Sc., M.Sc., Dipl.)

Date of Degree or Diploma (D/M/Y) City Province

Name of Post-Grad Degree or Diploma Discipline Name of the University/Institution
(i.e., B.Sc., M.Sc., Dipl.)

Date of Degree or Diploma (D/M/Y) City Province
If you hold more than two Degrees / Diplomas please use a separate sheet of paper

3. CHECKLIST

Please ask your academic institute to send your transcript(s) directly to APEGM to the attention of the Assessment Officer, 870 Pembina Hwy, Winnipeg, MB R3M 2M7.

4. ASSESSMENT FEE OF \$105.00 (taxes already included)

Enclosed is my cheque for \$ _____ made payable to APEGM or Visa Master Card AMEX

Credit Card No. _____ Expiry Date: _____ / _____ Signature: _____

Validation No. _____ (This is a three digit number that can be found at the back of your credit card-usually beside your signature)



5. PROFESSIONAL STATUS

I have not applied for an assessment with this or any other Canadian Association, or the Canadian Council of Professional Geoscientists.

I have previously / currently applied for an assessment with _____
Please list the Other Province(s)

If an application has previously been made please give details:

6. 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 with APEGM 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 understand that, if I am required to complete examinations to qualify for registration, I will be required to pay the fee for each examination.

I declare that all of the information provided is 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.

Signature: _____
SIGNATURE AND DATE REQUIRED

Date: _____
Day Month Year