

500 Glenridge Ave. St. Catharines ON L2S 3A1 T: 905.688.5550 F: 905-988-5488 www.brocku.ca/registrar/admissions Ext. 3431/3745/4991 or 4178

Application for Admission Gidayaamin

Aboriginal Women's Certificate Program Application Fee - \$25.00

Office of the Registrar

E-mail Address:						
					 URANCE NUMBER	
☐ Mr. ☐ Mrs.	Surname	Given Names (all names in full as on birth certificate)			Gender:	
☐ Ms. ☐ Miss					☐ Male ☐ Female	
Apartment No.	Street No.	Street Name			City	
Province	Country	Postal Code				Marital Status: ☐ Single, Divorced or
Former Surname(s)		Status in Canada:			Widowed ☐ Married or Separated	
		☐ Born in Canada or Canadian Citizen			Country of Citizenship	
					Country or Citizensinp	
D (C) ()		Permanent Resident (Landed Immigrant) Student Visa			D	
Date of Birth		წ □ Student Visa			Date of Entry into Canada	
1 <u>Y 1</u> Y 1 1 <u>M</u> 1	MIIDIDI	○ □ Other Visa			$1 \times 1 \times$	
Employer / Occup	oation	Business Telephone First Language:			First Language:	☐ English ☐ French
		_ -		_	☐ Other - Please Spec	cifv:
					<u> </u>	
Secondary School(s) Attended		Location of School Grade Co		Com	pleted	Year
						From: to
						From: to
Post Secondary I	nstitutions Attend		•			
Name of Instituti	on and Location	Program Degree o		or C	Certificate Obtained	Year
						From: to
						From: to
						From: to
Note: Application fee \$25.00 (payable to Brock University) enclosed You must arrange to have official transcripts se						
Application Dea	dline is July 15th	for September start.		directly from the host institut		itution to Brock University,
Tecumseh Centre		ation form and fee to: , St. Catharines, ON L2S 3A1 4 4869		unti	Office of the Registrar. Your application is not complete until all documents are received. NOTE: Allow 4 weeks for processing.	
I hereby certify that all statements are correct and complete including my declaration of citizenship and status in Canada. I understand that I may have to provide documentation at some future date to substantiate my claim and that any misrepresentation of this data may result in the cancellation of my admission or registration status.						
Signature:		Date:				
Are you an Aboriginal applicant? (voluntary declaration) \(\subseteq \text{ yes} \)						

Protection of Privacy: Brock University gathers and maintains information used for the purpose of admission, registration and other fundamental activities related to being a member of the University community and to attending a public post-secondary institution in the Province of Ontario. In signing an application for admission, you should know that the information you provide and any other information placed into your student record, will be protected and used in compliance with Ontario's Freedom of Information and Protection of Privacy Act (R.S.O. 1990, c F31). The information on this form is collected under the authority of The Brock University Act, 1964 and is needed to verify qualifications and decide your eligibility for admission. Upon admission and registration this information will form part of your student record and will be used to document your progress in an academic program. If you have any questions about the collection, use and disclosure of your personal information by the University, please contact the Director of Admissions, Brock University, St. Catharines, Ontario L2S 3A1, (905) 688-5550.