1812 Sir Isaac Brock Way
St. Catharines ON L2S 3A1
T: 905.688.5550 F: 905-988-5488
www.brocku.ca/registrar/admissions
Ext. 3530

OSHKI-WENJACK
OSHKI-PIMACHE-O-WIN
THE WENJACK EDUCATION INSTITUTE

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Application for Admission

Bachelor of Education
Primary/Junior (Aboriginal)

Email Address:		Gender: ☐ Male ☐ Female ☐ Other gender identity ☐ Unreported
☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss	Surname/last name:	
Given Names (first & middle name(s) - all names in full as on birth certificate):		Marital Status: ☐ Single/Divorced/Widowed ☐ Married/Separated ☐ Other ☐ Not Reported
Former Surname(s)/last name(s):		
Apartment Number:	Street Number:	Status in Canada (choose one): ☐ Born in Canada or Canadian Citizen ☐ Permanent Resident (Landed Immigrant) ☐ Student Visa
Street Name:		Aboriginal Self-Declaration ☐ First Nation ☐ Metis ☐ Inuit
City:	Province:	
Country:	Postal Code: |__|__|__|__|__|__|	Country of Citizenship:
Date of Birth: |Y|Y| |M|M| |D|D|	Date of entry into Canada: (if applicable) |Y|Y| |M|M| |D|D|	First Language: ☐ English ☐ French ☐ First Nation - Please Specify: _____
Cellular Phone Number: __|__|__|-|__|__|__|-|__|__|__|__	Alternate Phone Number: __|__|__|-|__|__|__|-|__|__|__|__	

SCHOOLING HISTORY

Secondary School Attended	Location of School	Grade Completed	Year
			From:..... to .....

Post Secondary Institutions Attended: *List in order of latest attendance*

Name of Institution and Location	Program	Degree or Certificate Obtained	Year
			From:..... to .....
			From:..... to .....
			From:..... to .....

I am applying for admission as (Check one only):

☐ Secondary School graduate (or equivalent) ☐ Graduate from a college or university ☐ A mature student - for definition refer to brocku.ca/admissions

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. The decision to share information with colleges and universities across Canada is at the discretion of Brock University.

Signature: _____ Date: _____

Have you previously applied to Brock University? yes ☐ *no* ☐

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.