Application to Year 4 Studies
(Honours only)

Office of the Registrar

500 Glenridge Ave.
St. Catharines ON L2S 3A1
T: 905.688.5550 F: 905-988-5488
www.brocku.ca/registrar

Name: _____ Student I.D. Number: |___|___|___|___|___|___|___|

Local Telephone Number: |___|___|___|-|___|___|___|-|___|___|___|___| E-mail: _____@brocku.ca

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.

Degree sought: (circle one) BA BSc BRLS BPH

Major: _____

Single: _____

Combined: _____ and _____

Signature: _____ Date: _____

Approved ☐ Denied ☐

Department/Centre Signature: _____ Date: _____

Comment if denied: _____

_____

_____

_____

OFFICE USE ONLY

Signature: _____ Date: _____

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