

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

Application for Admission Bachelor of Education in Adult Education

Degree or Certificate Program

Office of the Registrar

(Please print)		Have you previously applied to Brock University? yes 🗌 no 🗌							
E-mail Address:		IBF					 CK STUDENT ID NUMBER		
☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss	Surname	ame			Given Names (all names in full as on birth certificate)			ender: Male Female	
Apartment No.	Street No.	Street	Name				Cit	ty	
Province	Country	_	. _	Telephone No.				arital Status: Single, Divorced or Widowed	
Former Surname(s) Date of Birth		Status in Canada:						Married or Separated	
		☐ Born in Canada or Canadian Citizen							
) Jne	☐ Student Visa						
		se (Permanent Resident (Landed Immigrant) *please provide a copy of documentation						
1 <u>Y 1</u> Y 1 1 <u>M 1 M 1 1 D 1 D 1</u>		(Choose One)	also requires ☐ Country of Citizenship:					,,	
		9		Date of Entry into Canada:			ΙY	IYIYIMIMIDID	
Employer / Occupation							English ☐ French ☐ First Nations		
		_ _ _ - - - - - - - -			_			cify:	
Post-secondary institutions attended: list in order of latest attendance									
Name of Institut				1	e or Certificate Obtained Year				
								From: to	
					+				
					+			From: to	
								From: to	
Program route applying for (please circle): A (2nd degree) B (1st degree) C (Certificate)									
Note: for Program A, official University transcript required									
☐ Other☐ Photo	University course copy of Record of	(s) comp Landing	ost-secondary transcript requings) completed, transcript requing anding (if not a Canadian citizable to Brock University) enclo			You must arrange to have official transcripts sent directly from the host institution to Brock University, Office of the Registrar. Your application is not complete until all documents are received. NOTE: Allow four weeks for processing.			
Session for Wh	ich Application is	Made:	· · ·			eted application for			
☐ September (July 15 deadline) Centre for Adult Education and Community Outreach, Fourth of Education Resolutions (St. Cothorines ON 136 344)									
☐ January (November 15 deadline) Faculty of Education, Brock University, St. Catharines, ON L2S 3A1 T: 905 688 5550, extension 5547, F: 905 984 4842									
that I may have to		ation at s	ome futu	ire date to sub				atus in Canada. I understand oresentation of this data may	
Date Signature									
Are you an Abo	original applicant	? (volur	itary de	claration)	☐ 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.