

## APPLICATION FOR ADMISSION

Bachelor of Education - Indigenous Adult Education

Please forward completed application form by July 15 to:

Indigenous Education Programs, Brock University 1812 Sir Isaac Brock Way, St. Catharines, ON L2S 3A1

Have you previously applied to Brock □ Yes □ No If so, what was your 7-digit Brock ID #				
Email address			Gender: 🛛 Male 🛛	Female 🛛 Other
Surname Given Names (on birth certificate)				h certificate)
Street number	Street Name	Apt/Unit	City	Postal Code
Province	Country	Country of C	itizenship	Date of Entry to Canada
Are you an Indigenous applicant?  Date of B (voluntary declaration)			th (YYMMDD)	Phone number
First Language   English  French  First Nation  please specify:				
Status in Canada       Canadian Citizen       Permant Resident/Landed Immigrant         Student Permit       Other:				
Secondary School	ol Attended:		Grade completed:	
School Location:			Years: From	to
Post Secondary I	nstitutions Attended:		Degree Obtained:	:
Program:			Years: From	to
Post Secondary I	nstitutions Attended:		Degree Obtained:	:
Program:			Years: From	to
Program Applying to (select one)				
Program A – you already hold an undergraduate degree; you are applying for this program as a second or subsequent degree				
Program B – you do not hold a degree but have some university credits or have an academic college diploma and are applying for this program as a first degree				

Certificate – you do not hold an undergraduate degree or an academic college diploma and you are applying to the ADED Certificate program

## Documents required to assess your application

- All official academic transcripts, if applying to a first or second/subsequent degree
- □ All official academic transcripts, or equivalent mature student status for Certificate study

You must arrange to have official transcripts sent directly from the issuing institution to the Office of the Registrar and Enrolment Services, Attention: Admissions, at the address provided at the bottom of this page. Your application is not complete until all documents are received.

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 as 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: \_\_\_\_\_

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.