



OXFORD COLLEGE OF CANADA

STUDENT NUMBER
[]

APPLICATION FOR ADMISSION

SURNAME | GIVEN NAMES

ENGLISH NAME | GENDER M / F | DATE OF BIRTH(MM/DD/YY) / /

CITIZENSHIP | FIRST LANGUAGE

MAILING ADDRESS | POSTAL CODE

TELEPHONE | CELLPHONE | E-MAIL

APPLICANT LIVES WITH PARENTS / GUARDIAN / OTHERS | NAME OF CONTACT PERSON IN CANADA

ADDRESS | POSTAL CODE

TELEPHONE | FAX | E-MAIL

LAST SCHOOL ATTENDED IN CANADA

ADDRESS

BEGINNING DATE | ENDING DATE | GRADE COMPLETED

LAST SCHOOL LEVEL IN ORIGINAL COUNTRY | DATE OF ENTRY IN CANADA

HOW DO YOU HEAR ABOUT OCC

ACADEMIC PROGRAM APPLYING FOR

UP COURSES TERM WINTER / SPRING / SUMMER / FALL | YEAR | NO# OF COURSES

FUTURE STUDY PLAN

PROSPECT UNIVERSITY

PROGRAM ARTS / COMMERCE / COMPUTER SCIENCE / ENGINEERING / GENERAL SCIENCE

I HEREBY CERTIFY THAT INFORMATION ENTERED ABOVE IS CORRECT AND COMPLETE. I UNDERSTAND THAT FALSE INFORMATION WILL INVALIDATE THIS APPLICATION. I ACKNOWLEDGE THAT I HAVE READ PROSPETUS FOR OXFORD COLLEGE OF CANADA, THE CONDITION OF ACCEPTANCE AND THE FEES AND REFUND POLICIES. IF I AM ACCEPTED AS A STUDENT AT OCC, I HEREBY AGREE TO ABIDE BY ALL THE RULES AND REGULATIONS OF THE COLLEGE.

APPLICANT'S SIGNATURE: | DATE:

SIGNATURE OF PARENT OR GUARDIAN (IF APPLICANT IS UNDER 18 YEARS OF AGE)

OFFICE USE ONLY

APPLICANT'S FEE | RECEIPT NUMBER

TUITION FEE | RECEIPT NUMBER

REMARK

OFFICER SIGNATURE | REGISTER DATE