

22. APPENDIX B – Continuing Student Application



OCHAPOWACE NATION

Ochapowace Post-Secondary - Continuing Students Application

BASIC INFORMATION

STUDENT FULL NAME: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

STUDY ADDRESS

PERMANENT ADDRESS

CITY: _____

CITY: _____

PROVINCE: _____

PROVINCE: _____

POSTAL CODE: _____

POSTAL CODE: _____

MARITAL

MARITAL STATUS*: SINGLE SINGLE PARENT MARRIED COMMON LAW

INSTITUTE OF LEARNING INFORMATION

SEMESTER: SPRING/SUMMER FALL WINTER YEAR _____

INSTITUTE OF LEARNING: _____

PROGRAM: _____

UPCOMING YEAR: 1ST YEAR 2ND YEAR 3RD YEAR 4TH YEAR

GRADUATION DATE: _____

In order to continue to be on the payroll, you must also submit the institutes form, class schedule, and official marks.

SIGNATURE

DATE

*Required for reporting