

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:    1<sup>ST</sup> YEAR     2<sup>ND</sup> YEAR     3<sup>RD</sup> YEAR     4<sup>TH</sup> 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