



REGISTRATION FORM

STUDENT INFORMATION

Last Name:

First Name:

Address:

City:

Province:

Postal Code:

Phone #:

Fax #:

E-mail:

Date of Birth:

Male

COURSE SELECTION

Courses

Course 1:

Course 2:

Course 3:

Course 4:

Course 5:

Course 6:

Semester Program

ACADEMIC INFORMATION

Present School:

City:

OUAC Reference #: