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ENROLMENT - UNDERGRADUATE

TERM FALL WINTER SPRING / SUMMER SUMMER STUDENT NUMBER WR, MRS, MISS MS, DR. WR, MRS, MISS MS, DR. WROTER SPRING / SUMMER SUMMER SUMMER MIDDLE NAME	
MR, MRS, MISS MS, DR. LAST NAME LAST NAME MIDDLE NAME	
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PERMANENT ADDRESS CIO (IF APPLICABLE) E-MAIL @uOttawa	ca
NUMBER & STREET CITY	
PROVINCE COUNTRY POSTAL CODE	
TELEPHONE NUMBER TELEPHONE NUMBER AT WORK	
LOCAL MAILING ADDRESS SAME AS PERMANENT ADDRESS OR DECLARATION OF	TH DAY
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NUMBER & STREET CITY	
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REXT OF KIN NAME EFFECTIVE DATE OF LOCAL MAILING ADDRESS YEAR MONTH DAY NEXT OF KIN NAME	
ADDRESS	
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PERSON TO CONTACT IN CASE OF EMERGENCY TELEPHONE NUMBER TELEPHONE NUMBER	
DATE OF BIRTH COUNTRY OF BIRTH	
YEAR MONTH DAY COUNTRY OF CITIZENSHIP IF NON-CANADIAN, INDICATE DATE OF ENTRY INTO CANADA	
TENDIN-CANADIAN, SPECIFY YOUR PERMANENT STUDY PERMIT DIPLOMAT REFUGEE OTHER (SPECIFY)	TH DAY
MOTHER FRENCH ENGLISH OTHER SPECIFY LANGUAGE OF CORRESPONDENCE FRENCH ENGLISH OF INSTRUCTION? FRENCH	ENGLISH
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FACULTY DEPARTMENT	-
DEGREE SOUGHT (PROGRAM OF STUDIES)	
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NOTE VALUE EMPONMENT	
IS NOT OFFICIAL UNTIL APPROVED BY THE FACULTY.	
I AGREE TO PAY THE FEES ARISING FROM THIS ENROLMENT AND AGREE THAT I WILL OWE ANY UNPAID FEES TO THE UNI-	
VERSITY OF OTTAWA UNLESS I INFORM THE UNIVERSITY IN WRITING (VIA LETTER OR APPROPRIATE FORM) OF MY INTENT TO CANCEL MY ENROLMENT PRIOR TO THE DEADLINE FOR FULL REFUNDS AS SPECIFIED UNDER THE IMPORTANT ACADEMIC DATES AND DEADLINES ON THE UNIVERSITY WEBSITE.	
I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE, INCLUDING MY DECLARATION OF CITIZENSHIP AND STA-	
TUS IN CANADA. ANY FALSE DECLARATION ON MY PART WILL RESULT IN THE CANCELLATION OF MY ENROLMENT. I AGREE TO	

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