

If you require an accessible version of this form please email us at coned@durhamcollege.ca

PERSONAL INFORMATION (Legal Name)				
First Name		Middle Name	Last Name	
Address (including apartment number)		City	Province	Postal Code
Gender	Status in Canada	Country of Citizenship	Country of Birth	Language at Birth
F <input type="checkbox"/>	Citizen <input type="checkbox"/>			
M <input type="checkbox"/>	Permanent Residence <input type="checkbox"/>			
O <input type="checkbox"/>	Other <input type="checkbox"/>			
Email Address		Student ID	Birth Date (mm-dd-yyyy)	
Current Home or Cell Number		Business Number		

Please check off all that apply and **attach the required documentation.**

ENTRANCE REQUIREMENTS		
Check	Entrance Requirements	Transcript Required
<input type="checkbox"/>	University Degree (Proof of Communications course)	Yes
<input type="checkbox"/>	College Diploma (Proof of Communications course) (This must be a Provincial Community College or equivalent, not a private institution)	Yes
<input type="checkbox"/>	Ontario Secondary School Diploma with Grade 12 English (C or U) and three additional senior level credits	Yes
<input type="checkbox"/>	Grade 12 Equivalency Certificate achieved via College Academic Upgrading (Provide completion certificate)	No
<input type="checkbox"/>	Mature Student Status (19 years of age or older) with Grade 12 English (C or U) and three additional senior level credits	Yes

I hereby certify that all information provided is true and complete, including any attachments, and I agree that my application may be rejected if I have falsified this application in any way, had anyone else complete it, or failed to provide all relevant information.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

Please Return Form To:

School of Continuing Education
Attn: Mercedes Bellingham - 905.721.2000 ext. 2802 or conedadmissions@durhamcollege.ca
2000 Simcoe St. N
Gordon Willey Building, A-160
Oshawa, ON L1G 0C5