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Please submit this form to the Office of the Registrar (Kelowna), the Administration Office on campus or mail or fax to:

Office of the Registrar, 1000 KLO Road, Kelowna, BC V1Y 4X8 Telephone: (250) 762 5445 Fax: (250) 862 5466

PERSONAL INFORMATION

Please print clearly and include your full legal name as it appears on your primary identification.

OC Student Number: _____ Former OUC Student: ☐ No ☐ Yes: _____

Birthdate: _____/_____/_____
DD MM YYYY

Full Legal Name at time of credential

_____ _____
Surname First Name Middle Name(s)

_____

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