



STATEMENT OF ACTIVITIES
2020-21

First Name: _____ Last Name: _____

Huron Student # (if known) or OUAC Reference #: _____

Please provide a brief summary of your activities during your time away from full-time study at an accredited educational institution.

From (mm/yy)	To (mm/yy)	Activities during this time

I hereby certify that all statements are correct and represent all activities undertaken by me since I last attended school. I understand that I may be required to provide documentation at some future date to substantiate my claim and that any misrepresentation of this data may result in the cancellation of my admission and/or registration.

Signature: _____ **Date:** _____

Should you have any questions regarding the completion of this form, please contact our Admissions Office at mhaile2@huron.uwo.ca or 519-438-7224, extension 233.