

## STATEMENT OF ACTIVITIES

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](mailto:mhaile2@huron.uwo.ca) or 519-438-7224, extension 233.