



STUDENT INFORMATION FORM

STUDENT ID

Name

First Name

STUDENT NUMBER

0000

VIC EMAIL

CU
GR

Are you a student of the University of Victoria?

Yes

No

Program

Faculty

Department

Advisor

Address

City

Province

Country

Are you currently employed?

Yes

No

Employer

Address

City

Province

Country

Are you currently a graduate student?

Yes

No

Program

Faculty

Department

Advisor

Address

City

Province

Country

Are you currently a part-time student?

Yes

No

Program

Faculty

Department

Advisor

Address

City

Province

Country

Study:

Full-time

Part-time

Program

Faculty

Department

Advisor

Address

City

Province

Country

Are you currently a graduate student?

Yes

No

Program

Faculty

Department

Advisor

Address

City

Province

Country

Study:

Full-time

Part-time

Program

Faculty

Department

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Province

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Please read the following information carefully. If you have any questions, please contact your advisor. If you are a student of the University of Victoria, please provide your student ID number. If you are a graduate student, please provide your advisor's name and contact information. If you are a part-time student, please provide your program and faculty information. If you are a graduate student, please provide your program and faculty information. If you are a part-time student, please provide your program and faculty information.

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Department

Advisor

Address

City

Province

Country

Advisor

Address

City

Province

Country

Signature of Student

Date

Signature of Student's Advisor

Date

Signature of Advisor

Date

University of Victoria
Freedom of Information Act
If you have any questions, please contact your advisor.

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