

If you require an accessible version of this form please email us at ppl@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	
Entrance Requirements	CNO Registration number
Proof of current Registered Nurse (RN) registration	

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 To:

Centre for Professional and Part-time Learning ATTN:Admissions
ppladmissions@durhamcollege.ca
2000 Simcoe St. N Gordon Willey Building, A-160 Oshawa, ON L1G 0C5

OFFICE USE ONLY	
<input type="checkbox"/>	Current RN Registration Verified