

## Statement of Activities

<b>Surname/Family Name</b>	<b>First Name/Given Name</b>	<b>Student Number or O.U.A.C. Number</b>

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

From:		To:		Activities during this time
Year	Month	Year	Month	

I hereby certify that all statements are correct and complete. 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

**You may return your completed (and signed) statement by mail, fax or email.**

**Mail to:** Huron University College, Registrar's Office  
 1349 Western Road  
 London, ON N6G 1H3 Attention: Admissions

**Fax to:** (519) 438-3800 Attention: Admissions

**Email to:** [huron@uwo.ca](mailto:huron@uwo.ca)