



Date: _____

Student Number: _____

INTERNATIONAL STUDENT'S PROFILE

ALL students must complete and fax/mail this form to OC International as soon as possible.

Family Name: _____

First Names: _____

Male Female Birthdate: _____
Day Month Year

Permanent Home Address:

Home Phone: _____ Fax: _____

Student's Email Address: _____

EMERGENCY contact in home country: NAME _____
PHONE NUMBER _____ EMAIL ADDRESS _____

Agent/Sponsor (if applicable) _____

Agent/Sponsor's Email Address: _____

I plan to begin attending Okanagan College in the following month:

September January May July Major Field of Study: _____

How long do you plan on staying at Okanagan College? _____

Why did you choose to study at Okanagan College? _____

MEDICAL HISTORY:

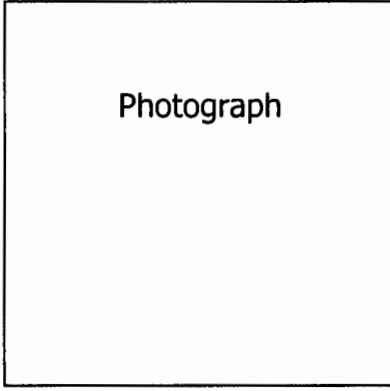
Do you have allergies (food, pollen, smoke, etc.) yes no If 'yes', describe _____

Do you have a medical condition (physical or mental) yes no If 'yes', describe _____

Are you taking any medication we need to be aware of yes no If 'yes', describe _____

FAMILY MEMBERS in (country) _____

	Name	Relationship	Occupation	Age
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____



Photograph

