



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.	_____	_____	_____	_____



