

APPLICANT'S NAME

OUAC REF.#



PERSONAL PROFILE FACULTY OF LAW

This Personal Profile provides you with an opportunity to articulate and explain information of a personal nature which you feel is relevant to your application. It is important that this information be accurate, complete, and concise. The contents of this form are confidential and used only by the Admission Committee. We encourage you to read the entire Application Package prior to finalizing your application. It is the responsibility of the Applicant to ensure that the application and all supporting documentation are completed and submitted by the required date.

**It is mandatory to complete the information on this prescribed form.
Failure to complete this form will invalidate the application.**

***Return this completed form to:
OLSAS • 170 Research Lane,
Guelph, Ontario N1G 5E2***

PERSONAL COMMENTARY – FACULTY OF LAW

5. This question is OPTIONAL – If you feel that there are personal facts or issue, relating to your application which you would wish the Admission Committee to be apprised of, but which have not been covered in your response to (1) through (4), you may describe these below. You must provide supporting documentation (e.g. attending physician letter) to evidence and support any such personal issues or facts.

CURRENT COURSES

Name of Institution: _____

Program: _____ Date: _____

Please indicate the course names and numbers in which you are presently enrolled. Indicate whether the courses are full or half courses.

FALL COURSE NUMBER	FULL	HALF	WINTER COURSE NUMBER	FULL	HALF
	(Check One)			(Check One)	
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

I am not presently attending any post-secondary institution.

REFERENCES

Please indicate the names of your referees. (Reminder: If you have graduated from or taken courses at a post-secondary institution within the last three calendar years, at least **one** must be an academic referee.)

1. _____ Academic Non-academic
2. _____ Academic Non-academic