

Admission Request Form - ABS

Autism and Behavioural Science Program Ontario Graduate Certificate

Seneca Student ID: _____ Date of Birth: _____
yy/mm/dd

Last Name: _____ First Name: _____

Street Address: _____ Apt./Unit#: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Other Phone: _____

Seneca Email: _____ Other Email: _____

Initial Below	I confirm my understanding of the following:
	I will be notified of acceptance into the program by email.
	I must receive the confirmation letter of acceptance (by email) BEFORE registering for professional Autism and Behavioural specific subjects at Seneca.
	If transferring professional Autism and Behavioural Science subjects from another institution, I may only apply for transfer credit for academic subjects and the CPI Training AFTER receiving my formal letter of acceptance by email.

Listed below are entry requirements to process this application. **PROOF of attained credits must be attached.**

Requirement	Name of attached supporting document or transcript
Diploma in a related field i.e. ECE, SSW, CYW	
Degree in a related field i.e. psychology, education, child studies	
Diploma or degree not in a related field must have psychology, education or child development courses completed in program	
International degrees or diplomas must be evaluated by one of the following: WES, Comparative Education University of Toronto or ICAS	

Signed: _____ Date: _____
mm/dd/yy

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Personal information on this form is collected in accordance with sections 21, 39 and 49 of the Freedom of Information and Protection of Privacy Act and under the legal authority of the Ministry of Training, Colleges and Universities Act, R.S.O. 1990, and the Ontario Colleges of Applied Arts and Technology Act, 2002, Regulation 34/03, and may be used and/or disclosed for administrative, statistical and/or research purposes of the College and/or the ministries or agencies of the Government of Ontario and the Government of Canada. If you have any questionsZZcollection and use of personal information, please contact the Privacy Office at (416) 491-5050 extension 77846 or email privacyoffice@senecacollege.ca.

Faculty of Continuing Education **OFFICE USE ONLY:**

Date stamp and forward to:
Attention: Part-time Autism and Behavioral Science Program – Admissions