

**FORM A: Supplemental Information Form  
for the One-Year Honours Bachelor of Social Work**

Applicant Information	
<b>OUAC Reference Number</b>  Refer to your <a href="#">OUAC account</a> for a number that resembles 2025-123456-0.	
<b>Confirmation Number</b>  From the <a href="#">One-Year Social Work Supplemental Application Fee</a> .	
<b>Full Legal Name (must match OUAC Application)</b>  Include your first, middle and last name.	
<b>Chosen Name (if different from legal name)</b>	
<b>Date of Birth</b>	
<b>Current Mailing Address</b>  If you move after submitting your application, be sure to update your address on your <a href="#">OUAC account</a> , and email the Social Work Office at <a href="mailto:social.work@lakeheadu.ca">social.work@lakeheadu.ca</a> !	
<b>Personal Email Address</b>	
<b>Phone Number(s)</b>	
Program Selection	
<input type="checkbox"/>	I have applied to the <b>Thunder Bay Campus only</b> .
<input type="checkbox"/>	I have applied to the <b>Orillia Campus only</b> .
<input type="checkbox"/>	I have applied to <b>both Campuses</b> . The <b>Thunder Bay Campus</b> is my first choice.
<input type="checkbox"/>	I have applied to <b>both Campuses</b> . The <b>Orillia Campus</b> is my first choice.
Program Status	
<input type="checkbox"/>	I have applied for full-time admission.

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Personal Statement Arrangements	
<input type="checkbox"/>	<p>I understand that I will need 3.5 consecutive hours to complete the Personal Statement Exam online anytime between 9:00 am on January 23, 2026 and 5:00 pm on January 26, 2026.</p>
<input type="checkbox"/>	<p>I have a diagnosed disability and require special accommodations for my Personal Statement Exam. I have included documentation from my home university/or a qualified practitioner clearly indicating any additional time required to complete the exam.</p> <p><b>Lakehead University students must include a copy of their Special Accommodations Form provided by Student Accessibility Services.</b></p>
Reference Information	
Reference 1	
Name	
Agency and Position	
Mailing Address	
Email Address	
Phone Number	
Reference 2	
Name	
Agency and Position	
Mailing Address	
Email Address	
Phone Number	

**\*Please ensure that your legal name on the OUAC application matches the name on your reference forms.**