

Name

First Name:*	Usick
Last Name*	Sarah
Is your preferred name different than your legal name?*	No

Additional Information

Date of Birth*	7/12/1993
Gender*	Female

Contact

Home Phone*	1-204-566-2102
Cell Phone	
Business Phone	
Email Address*	sarah.usick@gmail.com
Email Type*	Personal

Home Address

Check if address is outside of U.S. or Canada	No
Home Street Address*	PO Box 241
Home Street Address (cont)	
Home City*	Hamiota
Home Province/State*	Manitoba
Home Postal Code/Zip Code*	R0M 0T0

Mailing Address

Is current address different than permanent address?	No
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Citizenship

Country of Citizenship*	Canada
Do you identify as Indigenous Canadian?*	No
Immigration Status*	Canadian Citizen
Primary Language*	English

English Language Proficiency

Is English your primary language and/or have you completed post-secondary education in English?*	Yes
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Additional Information

Have you previously applied to OCAD University?*	No
Have you previously attended OCAD University?*	No
Have you previously worked at OCAD University?*	No
Ontario Education Number	
How did you hear about our programs here at OCAD University?*	Print Ad / Listing

Academic Plans

Academic Program*	MFA Interdisciplinary Art, Media & Design
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Full-Time or Part-Time*	Full Time
Anticipated Entry Term*	Fall 2016

Academic History**Academic History 1**

College/University	Brandon University
Unlisted School Name and Address	
Attended From Month	September
Attended From Year	2011
Attended To Month	May
Attended To Year	2016
Graduated	No
Degree Earned or Expected	B.A. 4 Yr
Date Degree Conferred	5/15/2016

Academic History 2

College/University	Bezalel Acad of Arts & Design
Unlisted School Name and Address	
Attended From Month	January
Attended From Year	2014
Attended To Month	June
Attended To Year	2014
Graduated	Yes
Degree Earned or Expected	Certificate
Date Degree Conferred	7/15/2014

**Funding**

Do you wish to be considered for Graduate Entrance Scholarships?	Yes
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Graduate Assistantship

Do you wish to be considered for Teaching Assistantships?	Yes
Slideroom ID	51211807114

Application Certification

Do you certify the following?*	Yes
Do you certify the following?*	Yes
Signature*	Sarah Usick
Signature Date*	1/12/2016