



# INDIGENOUS GOVERNANCE

University of Victoria

## PERSONAL DATA FORM

### SECTION ONE

Last Name: \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
*City Province Postal Code*

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Language: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Female  Male  Social Insurance Number: \_\_\_\_\_

Are you of Indigenous Ancestry? Yes  No   
If yes, complete section Two.

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### SECTION TWO

Nation: \_\_\_\_\_

Community Affiliation: \_\_\_\_\_

Location: \_\_\_\_\_

Do you possess an Indian Status Card or Tribal Enrollment Card? Yes  No

Card Number: \_\_\_\_\_ Band/Tribal Number: \_\_\_\_\_

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### SECTION THREE

Research Interest: \_\_\_\_\_  
(Example: International Relations, Community Justice, Community Governance, etc.)

BA Major/Minor: \_\_\_\_\_ GPA: \_\_\_\_\_

### NOTES

1. Upon request, applicants may be required to verify their ancestry and affiliation from a recognized North American Indian nation, community, band, or tribe verifying their ancestry and affiliation.
2. A case-by-case review process will be established for those applicants who are unable to provide documentation to verify their ancestry and affiliation.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_