



## Student Form

## Personal Information

Full Name: \_\_\_\_\_  Male  
Last First Date of Birth  
mm/dd/yyyy  Female

Address: \_\_\_\_\_  
Street Address Apartment / Unit #

\_\_\_\_\_ City Province / State Postal / ZIP CODE Country

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Level of English:  Beginner  Intermediate  Advanced

### Domestic Applicants

Are you a Canadian Citizen?  Yes  No      Are you a Landed Immigrant?  Yes  No

### International Applicants

Country or your Citizenship: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Do you hold a valid study permit?  Yes  No      Expire date: \_\_\_\_\_

IELTS or TOEFL Score if Applicable \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Education History

High School: \_\_\_\_\_ City: \_\_\_\_\_

Country: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  Yes  No  Currently Attending

### Post-Secondary Studies

Institute: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  Yes  No  Currently Attending

Certificate  Diploma  Degree  Masters  Post Graduate Name of Qualification \_\_\_\_\_

Institute: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  Yes  No  Currently Attending

Certificate  Diploma  Degree  Masters  Post Graduate Name of Qualification \_\_\_\_\_

Have you ever been suspended or denied readmission to any other college or university?  Yes  No

## Declaration and Signature of the Applicant

I hereby certify that the information I have provided is accurate and complete in all aspects. I also understand and accept that falsification on any information in my application or misrepresentation of my record on documents submitted will result in the rejection of my application and/or the withdrawal of any offer of admission. I understand that I am required to arrange for all official transcripts or documents to be sent to the Registrar's Office.

Name (Print): \_\_\_\_\_ Date mm/dd/yyyy: \_\_\_\_\_

Signature: \_\_\_\_\_