



FOR OFFICE USE ONLY

Application #: _____ Student # _____ Date Received: _____

1. PERSONAL INFORMATION

Family Name				Name(s)			
Date of Birth (dd/mm/yyyy)			Gender	☐ Male	☐ Female		
Personal Email (print clearly)							

MAILING ADDRESS IN CANADA & ENGLISH PROFICIENCY

Street							
City			Province		Postal Code		
Phone #			IELTS Score				

2. POSTSECONDARY PROGRAMS

Course or Program Name				Course Start Date		
				Month	Year	
First Choice						