



FOR OFFICE USE ONLY		
Application #: _____	Student # _____	Date Received: _____

**1. PERSONAL INFORMATION**

Family Name			Name(s)		
Date of Birth (dd/mm/yyyy)		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> 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				