



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						