

Box 5001, 100 College Drive North Bay, Ontario P1B 8K9 Canada Phone (705) 474-7600, ext 5425 Fax (705) 474-0814

International Student Application Form

Applicants **must** include their TOEFL score report and all transcripts (in English) with the application form for admission to diploma programs.

| Personal Details | | | | |
|------------------------------|---------------------|----------------|-----------|-------------------------|
| Title | Mr | Mrs | Miss Ms | |
| Family Name | | | | |
| First Name | | | | |
| Second Name | | | | |
| Date of Birth | Day | Month | Year | Sex Female Male |
| Address | House o | r Apt # | | |
| | Street | | | |
| | City Province/State | | | |
| | Postal Co | ode | Country | |
| Home Telephone | Country | Code | Area Code | Number |
| Work Telephone | Country | Code | Area Code | Number |
| Fax | Country | Code | Area Code | Number |
| E-mail | | | | |
| First Language | | | | |
| Country of Citizenship | | | | |
| Passport Number | | Expiry Date | | |
| | | | | |
| Education | | | | |
| Name of Secondary School | | Location | | |
| Level/Certificates Completed | | | | Years Attended: From to |
| Name of College/University/ | | | | |
| Training Centres Attended | | | | |
| Level/CertificatesCompleted | | | | |
| Areas of Study/Major | | | | |
| English Testing | TOEFL | TOEFL Paper So | | Computer Score |
| | IELTS | | | |

| Program choice | | Start Date (month/year) | | | |
|--|---------------------------------|-------------------------|--|--|--|
| First Choice | | | | | |
| Second Choice | | | | | |
| Third Choice | | | | | |
| • | | | | | |
| Accommodation | | | | | |
| What is your accommodation preference? | Residence | | | | |
| | Homestay | | | | |
| | I will make my own arrangements | | | | |
| Religious preference (optional) | | | | | |
| | | | | | |
| Declaration | | | | | |
| I certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application and result in the withdrawal by Canadore College of an offered seat at any time during my enrolment. | | | | | |
| Applicant's signature | Date | | | | |

Freedom of Information: The information on this form is collected under the legal authority of the Ministry of Colleges and Universities Act R.S.O. 1980, Chapter 272, S.5, R.R.O. 1980 Regulation 640. The information is used for the administration and statistical purposes of the college and/or ministries and agencies of the Government of Canada. For further information please contact the Registrar, Canadore College, P.O. Box 5001, 100 College Drive, North Bay, Ontario P1B 8K9 Canada.