

INTERNATIONAL STUDENT APPLICATION FORM (PAGE 1 of 2)

Please type or print clearly with ink in BLOCK LETTERS.

Applications can only be considered complete, when they are signed by an applicant and returned with payment.

PERSONAL INFORMATION			
<input type="checkbox"/> Miss. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth	_____ _____ _____ <small style="display: block; text-align: center;">Year Month Day</small>
Last/Family Name		Student Telephone	
First Name		Student Email	
Second Name		Country of Citizenship	
Student Address	House address		
	City		
	Province/State/Prefecture		
	Country		
	Postal Code		
Do you have family in Canada? If so, in what cities:			

ENGLISH PROFICIENCY	
<input type="checkbox"/> I do have an English Proficiency score IELTS score of _____ IBT TOEFL score of _____ Other (specify) _____	<input type="checkbox"/> I do not have an English proficiency score Scheduled Test Date _____ _____ _____ <small style="display: block; text-align: center;">Year Month Day</small> <input type="checkbox"/> Test not yet scheduled

ACADEMIC INFORMATION
Level of education completed: <input type="checkbox"/> Secondary School <input type="checkbox"/> College <input type="checkbox"/> University <small>(Tick all that apply)</small>
<i>All applications for post secondary programs require copies of secondary school, college and/or university transcripts and diplomas/degrees. Copies of all documents must be submitted in the original language and also in English.</i>

PROGRAM SELECTION	Anticipated Start Date
ESL <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
EAP <input type="checkbox"/> EAP <small>(IELTS 5.5 or TOEFL 70 is required for entry.)</small>	
POST-SECONDARY #1 <small>Choice</small>	
#2 <small>Choice</small>	
#3 <small>Choice</small>	

PRIMARY EMERGENCY CONTACT (in your home country)			
<i>In the event of an emergency, this is the first person we would contact on your behalf.</i>			
Name		Phone (home)	
Relationship		Phone (cell)	
Address		Phone (work)	
Country		English Speaker	<input type="checkbox"/> YES <input type="checkbox"/> NO
Email			

STUDENT SIGNATURE
<p>1) I certify that the information included in this application is true and complete. I understand that any false or incomplete information submitted in support of my application will invalidate my application. _____ . (initialize)</p> <p>2) I give Confederation College permission to release any relevant information regarding my application to Citizenship and Immigration Canada. _____ . (initialize)</p> <p>3) I give Confederation College permission to share information regarding my admission to the following person or agency. _____ . (initialize)</p> <p>Student Signature: _____ Date: _____</p>

APPLICATION FEE PAYMENT : \$95.00 CAD
<p>Payment can be made by:</p> <p>Visa or MasterCard by calling the International Education Centre at 1(807)475-6467</p> <p>or</p> <p>Electronic Funds Transfer to Confederation College using the following banking information:</p> <p>Bank: ROYAL BANK OF CANADA Address: 1159 Alloy Drive, Suite 100 Thunder Bay, Ontario, Canada P7B 6M8 Swift Code: ROYCCAT2 Account Transfer Number: 03966-003-000-0018</p>
<p>PLEASE RETURN THIS COMPLETED APPLICATION FORM TO:</p> <p>International Admissions internationaladmissions@confederationc.on.ca</p>

Final assessment of this application cannot be made until all supporting documents and the application fee are received.

It is the applicant's responsibility to obtain all documents and visas to legally enter and study in Canada.

The personal information requested on this form is collected, used and/or disclosed in accordance with the relevant statutory and regulatory provisions of the Ministry of Training, Colleges and Universities Act R.S.O. 1990, c E.2 and the Ontario Colleges of Applied Arts and Technology Act, 2002 O. Reg 34/03. The information that is being provided will be used to determine your eligibility to enroll and study at Confederation College.

Should you have any questions concerning your personal information please contact the Privacy Officer at (807) 475-6267. Confederation College is committed to the protection of the personal privacy of all individuals.