



STUDENT APPLICATION FORM

Personal Details (Name MUST be as it appears on Official Identity Documents)

Gender: Male Female Undeclared Date of Birth (DD/MM/YYYY): ____/____/____

Family Name: _____ First Name _____ Middle Name: _____

Address: _____ City: _____

Postal Code: _____ Province: _____ Telephone Number: _____

Applicant Email Address: _____

Education qualification

Highest Academic Qualification Completed: _____ Year Completed: _____

If achieved overseas, Have you obtained Canadian Equivalency of Qualifications? Yes No

Is English your first language? Yes No If NO, Have you taken any English Tests (i.e., IELTS, TOEFL, CAEL) Yes No

Name of English Test Taken: _____ English Test Score: _____ Date Test Taken: _____

Postsecondary Program (Please Choose the program you are interested in)

Program Name	Program Duration	Pre-Requisite	Preferred Start Month
<input type="checkbox"/> . Diploma of Business Administration	52 Weeks	N/A	
<input type="checkbox"/> . Advanced Diploma of Business Administration	28 Weeks	Diploma of Business Administration	
<input type="checkbox"/> . Diploma of Business Management	34 Weeks	N/A	
<input type="checkbox"/> . Advanced Diploma of Business Management	36 Weeks	Diploma of Business Management	
<input type="checkbox"/> . Diploma - Accounting and Payroll Administrator	48 Weeks	N/A	
<input type="checkbox"/> . Diploma – Web Designer	51 Weeks	N/A	
<input type="checkbox"/> . Diploma – Medical Office Assistant with Unit Clerk	52 Weeks	N/A	

Declaration

IN SIGNING THIS APPLICATION FOR ENROLMENT:

I declare that the information contained in this application is true and valid. I have read and understood the terms and conditions of Enrolment, and the Postsecondary Program information that I am seeking admission into.

I understand that it is mandatory to inform the college about any change in my personal information within 7 days of occurring that includes phone number, email address and mailing address. I have the financial capacity to meet tuition fees and agree to pay fees as they become due.

Signature of Applicant: _____ Date (DD/MM/YYYY): _____

Document Checklist: Please submit the following applicable documents:

- Completed and Signed "Students Application Form"
- English Language Test Result Sheet – If Applicable
- Certified copies of Academic Qualification/s
- For documents not in English, certified Translated copies
- Non-Refundable Application Fee