

COLUMBIA INTERNATIONAL COLLEGE OF CANADA APPLICATION FOR ADMISSION



Applicant Information

Family Name: _____ Given Name: _____
 Address: _____
 City: _____ Province: _____ Country: _____ Postal Code: _____
 Telephone: _____ Cell Phone: _____ Email: _____
 Date of Birth (D/M/Y): _____ Age: _____ Country of Birth: _____ Gender: Male Female
 Nationality: _____ Country of Residence: _____ Passport Issued by: _____

Parents/ Guardian Information

	Info on: <input type="checkbox"/> Father <input type="checkbox"/> Guardian	Info on: <input type="checkbox"/> Mother <input type="checkbox"/> Guardian	Applicant living with:
Name:			<input type="checkbox"/> Both Parents
Date of Birth:			<input type="checkbox"/> Father Only
Home Address:			<input type="checkbox"/> Mother Only
			<input type="checkbox"/> Guardian Only
City:			Young ASEP Achievers Program: • Compulsory for students who were or are under 16 years at the beginning of the academic calendar year (August 1) • Supervised after-school and weekend programming including 24-hour residence supervision by live-in House Parents (Fees required)
Province:			
Country/ Postal Code:			
Company Name:			
Occupation:			
Work Phone:			
Work Fax:			
Email: (required)			
Home Phone:			
Home Fax:			
Cell Phone:			

Applicant's Educational Background

Last Secondary School Attended:							
Address of School:							
Beginning Date:		Ending Date:		Form/ Sec/ Grade Completed:			
Certificate or Diploma Obtained (if any):	<input type="checkbox"/> 'O' Level	<input type="checkbox"/> 'A' Level	<input type="checkbox"/> HKCE	<input type="checkbox"/> SPM	<input type="checkbox"/> Unified Exam	<input type="checkbox"/> Other:	
English Language Proficiency Examination results (if any):	<input type="checkbox"/> TOEFL:		<input type="checkbox"/> Michigan Test:		Other (specify):		

I wish to begin my studies at Columbia International College

Level:	<input type="checkbox"/> Grade 7	<input type="checkbox"/> Grade 8	<input type="checkbox"/> Grade 9	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Grade 12/Pre-U		
Start:	<input type="checkbox"/> August	<input type="checkbox"/> September (G7 & 8 only)	<input type="checkbox"/> October	<input type="checkbox"/> January	<input type="checkbox"/> March	<input type="checkbox"/> May	<input type="checkbox"/> July	Year: 20_____

Future Field of Study:	<input type="checkbox"/> University degree	<input type="checkbox"/> College degree	<input type="checkbox"/> Other	Pre-U courses Required	
<input type="checkbox"/> Engineering	<input type="checkbox"/> Genetics / Biology	<input type="checkbox"/> Pharmacy (U.K.)	<input type="checkbox"/> Computer	<input type="checkbox"/> Other Sciences	English, 2 Math, 2 Sciences
<input type="checkbox"/> Business / Commerce	<input type="checkbox"/> Other			English, 1 or 2 Math	
<input type="checkbox"/> Social Science	<input type="checkbox"/> Other			English, 1 Math	
<input type="checkbox"/> Humanities	<input type="checkbox"/> Other			English	

Date: _____ Applicant's Signature: _____
 Signature of Parent or Guardian (if applicant is under 18 years of age): _____

Please mail or fax application to:

COLUMBIA INTERNATIONAL COLLEGE
 1003 Main Street West, Hamilton, Ontario, Canada L8S 4P3

Tel: + 1 (905)-572-7883 ext 2801
 Email: admissions@cic-totalcare.com

Fax: + 1 (905)-572-9332
 Web: www.cic-TotalCare.com