

# Application for International Student Admission

## International Education, Okanagan College

1000 KLO Road, Kelowna BC, Canada V1Y 4X8

Phone: (250) 862-5443 • Fax: (250) 862-5470

Email: [inted@okanagan.bc.ca](mailto:inted@okanagan.bc.ca)



OC Student Number if applicable

[www.okanagan.bc.ca/international](http://www.okanagan.bc.ca/international)

### PERSONAL INFORMATION – Please Print

Last Name (family name)		First Name		Middle Name				
Mailing Address (Street)								
City		Province/State		Country		Postal Code		
Telephone		Fax		E-mail Address		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth ____ day ____ month ____ year			Country of Birth			Citizenship		
Name of Emergency Contact		Relationship to Applicant		Telephone		E-mail Address		

### ENGLISH AS A SECOND LANGUAGE PROGRAMS

Do you want to study **Intensive English Communication Program** at OC in Vernon?  Yes  
Start Date: \_\_\_\_\_ (dd/mm/yy) End Date: \_\_\_\_\_ (dd/mm/yy) Number of sessions you plan on attending: \_\_\_\_\_

Do you want to study **English for Academic Purposes** at OC in Kelowna?  Yes  
*Select the semester and enter the year of when you plan to start:*  
 **Fall:** Sept. – Dec. 20\_\_  **Winter :** Jan – April 20\_\_  **Spring:** May – June 20\_\_  **Summer:** July – Aug. 20\_\_  
How many months do you plan on attending?  **4 months**  **6 months**  **8 months**  **1 year**

After completing ESL would you like to enter a college or university program at Okanagan College?  
 **Yes**, I would like to study \_\_\_\_\_ program.  **No**. I do not plan on studying after ESL.

### DEGREE/UNIVERSITY TRANSFER/DIPLOMA and OTHER PROGRAMS

What program do you want to study? \_\_\_\_\_

*Select the semester and enter the year of when you plan to start:*  
 **Fall:** Sept. – Dec. 20\_\_  **Winter :** Jan – April 20\_\_  **Spring:** May – June 20\_\_  **Summer:** July – Aug. 20\_\_

**CAMPUS** Some programs are offered at more than one regional campus - please refer to [www.okanagan.bc.ca](http://www.okanagan.bc.ca) for more information.  
Select one campus:  **Kelowna**  **Vernon**  **Penticton**  **Salmon Arm**

**ACCOMMODATIONS**  **Homestay**  **Own Accommodation**  **Student Residence**

**STUDY PERMITS** You are permitted to study in Canada for six months or less with Temporary Resident Status. However, all academic programs leading to a certificate, diploma or a degree require a study permit. A study permit is also required to study in Canada for longer than six months.

EDUCATION INFORMATION			
<b>Secondary/High School Education</b> You must submit original transcripts (along with an official English translation if the document is in a language other than English) for all institutions attended. <b>(If you only plan to study English as a Second Language, transcripts are not required.)</b>			
Name of most recent secondary school attended	Country	From Month/Year:	To Month/Year:
Grade/Year Completed Grade: _____ Year of Completion: _____	Currently attending: <input type="checkbox"/> Yes <input type="checkbox"/> No	Language of Instruction	B.C. Provincial Education Number (PEN) if applicable
<b>Post Secondary Education</b> If you would like to obtain transfer credit for previous study, you will need to send original transcripts and course outlines to OC International. All documents must be translated into English and signed by a translation agency representative or school official. A transcript evaluation fee of \$C150 will be charged for courses completed outside of Canada.			
Name of University, College or Technical School	Country	Credential Awarded? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes: <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree
From Month/Year:	To Month/Year:	Currently Attending <input type="checkbox"/> Yes <input type="checkbox"/> No	Program: _____ Major: _____

English Language Proficiency: <b>(not required for ESL applicants)</b>	
Name of Test Taken:	Date Written: _____ (Month, Year)
<input type="checkbox"/> TOEFL <input type="checkbox"/> LPI <input type="checkbox"/> IELTS <input type="checkbox"/> Other: _____	Score : _____ (Original Score Report should be mailed to - Institution Code 9536)

EDUCATIONAL ADVISING SERVICE OR AGENCY (if applicable)			
Name of Agency	Name of Contact Person Or Educational Counselor		
Mailing Address (Street)			
City	Province/State	Country	Postal Code
Telephone	Fax	E-mail	
Send confirmation of admission to: <input type="checkbox"/> Agency <input type="checkbox"/> Student			

<b>FREEDOM OF INFORMATION</b> - The information contained on this form and other documents and materials used to support the admission and registration process is collected for the purpose of making admission and registration decisions, for informing students of registration matters, for communicating additional information about college-wide activities and for enabling other OC departments to contact applicants and students. The information is collected under the authority of the College and Institutes act RSBC 1979, C.53. If you have any questions about the collection and/or use of this information, please contact the Registrar, 1000 KLO Road, Kelowna, B.C. V1Y4X8.	
<b>DECLARATION (Application will be returned if not signed below)</b> - I certify that the information contained herein and that all statements made in connection with this application are true, correct and complete. I understand that any misrepresentation, incomplete disclosure or falsified information on this application may result in the cancellation of my admission or registration status. I agree that Okanagan College may verify the information provided by contacting any secondary or post-secondary institutions. I understand that my admission will not be final until my file is complete and all required documents have been received by Okanagan College.	
I understand and agree to abide by the regulations and policies of Okanagan College as outlined in the Calendar and on the Okanagan College website, along with any changes to the regulations and policies while I am a student at Okanagan College. I will rely only on information in the official version of the Calendar, not verbal advice. In addition, I agree to pay all fees and charges as approved by the Board of Governors to Okanagan College as required.	
The information on this form is collected under the authority of the <i>College and Institute Act</i> and the <i>Freedom of Information and Protection of Privacy Act</i> . The information will be used for the purpose of admission and registration, and, if admitted, it will be used for other decisions on your academic status at Okanagan College and other purposes consistent with the mandate of the institution. Information will be provided to the students' association, the alumni association and to the Okanagan College Foundation. Information may be used for purposes of alumni and development, recognition of academic excellence, convocation program, and, if granted an award, to the donor of the award. I authorize the posting of my grades where such posting identifies me only by my personal OC student ID number.	
In addition, I agree as a condition of registering at Okanagan College to pay all fees and charges as approved by the Board of Governors to the College as required and by the deadlines posted by the College, and to pay any interest charges on any sum which becomes due and payable according to the payment procedures of Okanagan College.	
For further information, please contact the Registrar, Okanagan College, 1000 KLO Road, Kelowna, BC, V1Y 4X8. Tel.: 250-762-5445 ext. 5414.	
<b>Applicant's Signature:</b>	<b>Application Date:</b>

APPLICATION FEE PAYMENT: A \$100 CAD non-refundable application fee is required with your application. Check one payment option and provide details.	
*Bank Transfer: You may make arrangements with your bank to transfer funds directly to OC's bank account. You are responsible for any associated costs. OC's bank is: TD Canada Trust • 1633 Ellis Street, Kelowna BC, V1Y 2A8 Canada • Transit #02770 Bank #0004 Acct 07891 5213102 SWIFT code: T D O M C A T T O R	
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
<input type="checkbox"/> American Express	<input type="checkbox"/> Cheque/Money Order payable to OC enclosed
<input type="checkbox"/> Bank Transfer*	
Name on Credit Card – Please Print:	Signature – authorizing OC to debit my account as indicated above.
	Amount Payable to OC \$ _____
<b>Credit Card Account Number:</b> Credit card information will be destroyed once the payment is processed	<b>Security Code</b> (on back of credit card and is required for processing payment):
	<b>Expiry Date:</b> Month _____ Year _____