



(Please print - We must be able to read it)

1. PERSONAL INFORMATION

| | | | | |
|--|-------|-------------------------------|----------------|---------------------------------|
| NAME – this name will be printed on the Acceptance Letter, please use the same name as on your passport. | | | | |
| Last (Family) Name | | Male <input type="checkbox"/> | | Female <input type="checkbox"/> |
| First (Given) Name(s) | | Middle Name: | | |
| Date of Birth: Year | Month | Date | First Language | |
| Country of Permanent Residence | | | Citizenship | |

2. RESIDENTIAL ADDRESS (address to be printed on the acceptance letter)

| | | | | |
|------------------|--|----------------|--|---------|
| Street No./Name | | Unit/Apt. | | |
| District/address | | | | |
| City | | Province/State | | Country |
| Post/Zip Code | | Email | | |
| Telephone | | Fax | | |

3. MAILING ADDRESS (address where the acceptance letter will be sent - if different from above)

| | | | | |
|------------------|--|----------------|--|---------|
| Street No./Name | | Unit/ Apt. | | |
| District/address | | | | |
| City | | Province/State | | Country |
| Post/Zip Code | | Email | | |
| Telephone | | Fax | | |

4. EMERGENCY CONTACT:

| | |
|------------|-------------------------|
| Name: | Relationship: |
| Telephone: | Alternate (cell) phone: |
| Fax: | Email: |

5. PREVIOUS EDUCATION

| | |
|--|---|
| Name of last school attended | |
| Address of last school attended | |
| Date of completion | Highest level passed |
| Did you take: TOEFL <input type="checkbox"/> SCORE | IELTS <input type="checkbox"/> SCORE Other <input type="checkbox"/> |

6. PROGRAM CHOICE

| PRIORITY | PROGRAM NAME | Code | LENGTH (in years) | START DATE | |
|----------|--|------|----------------------|------------|------|
| | | | | Month | Year |
| | English as a Second Language (15 weeks per semester) | C573 | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

7. ACCOMMODATION

| | |
|---|---|
| I prefer: | |
| <input type="checkbox"/> On- Campus Student Residence | <input type="checkbox"/> My agent or relative/friend will help me |
| <input type="checkbox"/> Homestay | <input type="checkbox"/> Don't worry, I will do it by myself |

8. HOW DID YOU HEAR ABOUT ST. CLAIR COLLEGE?

| | | | |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Agent | <input type="checkbox"/> Relative/Friend | <input type="checkbox"/> College Staff | <input type="checkbox"/> Our Website |
| <input type="checkbox"/> Canadian Embassy/Consulate | <input type="checkbox"/> Canadian Education Centre | <input type="checkbox"/> Education Fair | |
| <input type="checkbox"/> Guidebook/Magazine | <input type="checkbox"/> Other Website _____. | | |
| <input type="checkbox"/> Other _____. | | | |

