Application for Readmission to a Full-time Program

GEORGIAN
YOUR COLLEGE · YOUR FUTURE

PLEASE PRINT — INCOMPLETE OR INCORRECT INFORMATION WILL CAUSE DELAYS IN PROCESSING

☐ Ms ☐ Mr
☐ Miss ☐ Mrs

Last Name _____ **First Name** _____ **Middle Name** _____

Previous Name(s) (if applicable) _____

Student # _____ **Social Insurance Number** _____ **Date of Birth** _____
(required) YYYY/MM/DD

E-mail Address _____

Current Mailing Address _____
Apt # Street Address City

Province Country Postal Code **Daytime Telephone #**

Previously Used Mailing Address (if applicable) _____

Status in Canada

☐ Canadian Citizen
or

Country of Citizenship:
☐ PERMANENT RESIDENT (LANDED IMMIGRANT)
☐ OTHER (PLEASE SPECIFY) _____

☐ STUDENT AUTHORIZATION (STUDENT VISA)
IF SPONSORED, NAME OF AGENCY: _____

Full-time Registration

A $25 application fee is required for full-time programs.

	PROGRAM SELECTION		PROGRAM LENGTH	TERM (i.e. Term 3)	START DATE YEAR/MONTH
1	PROGRAM (MAJOR)	CAMPUS			

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: The information on this form is collected under the legal authority of the Ministry of Colleges and Universities Act, R.S.O. 1980, Chapter 272, S.S.; R.R.O. 1980 Regulation 640. The information is used for administration and statistical purposes of the College and/or the Ministries and Agencies of the Government of Ontario and the Government of Canada. For further information, please contact the Registrar at the address and telephone number listed on this page.

I certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application. I have read the Freedom of Information and Protection of Privacy Statement (see below). I authorize my secondary school and Ministry of Education to release my academic information and school record to the above-mentioned college. I also authorize the release of this information to my secondary school and to the Ministry of Training, Colleges and Universities. Please note that this form, once signed, will provide the Academic Authority to register students in the above courses and sections.

_____ _____
Signature of Applicant Date

For Office Use Only

☐ Application entered ☐ Coordinator approved ☐ Applicant informed ☐ Invoice sent

Amount Paid $ _____ Signature _____ Date _____

Method of Payment (for office use only)

☐ Cash (do not send cash in the mail) ☐ Certified Cheque/Money Order ☐ MasterCard ☐ Visa ☐ American Express

Credit Card # _____ Expiry Date _____

Cardholder Name (if different from student) _____

Office of the Registrar, One Georgian Drive, Barrie, ON L4M 3X9 | Tel: (705) 722-1511 | Fax: (705) 722-5118 | Email: registrar@georgianc.on.ca