

Application for Admission/Registration

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) **Social Insurance Number**

Student # _____ **Date of Birth** _____ **E-mail Address** _____
(if you have been given one) (required) YYYY/MM/DD

Current Mailing Address _____

Apt # Street Address City

Province Country Postal Code **Daytime Telephone #**

Previously Used Mailing Address (if applicable) _____

Have you registered at Georgian prior to this term? Yes No

Status in Canada

Canadian Citizen
or



Country of Citizenship:

PERMANENT RESIDENT (LANDED IMMIGRANT) STUDENT AUTHORIZATION (STUDENT VISA)

OTHER (PLEASE SPECIFY) IF SPONSORED, NAME OF AGENCY:

Basis for Admission Consideration (check one)

Secondary School graduate (by first day of class • transcripts required) Mature Student (19 years of age or older by first day of class and less than secondary school diploma • arrange for testing)

Additional Academic Information

College or University Transfer (transcripts required)

Full-time Registration

Specify the name of the program exactly as stated in the College admissions calendar. Do not apply to more than three programs. No preference is given in the order of choice. 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			
2	PROGRAM (MAJOR) CAMPUS			
3	PROGRAM (MAJOR) CAMPUS			

Part-time Registration

COURSE NAME	START DATE	LOCATION	COURSE CODE

TOTAL FEES _____

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