

# Application for admission for part-time study

Ms  Mr \_\_\_\_\_  
 Miss  Mrs Last name First name Middle name

**Date of Birth** \_\_\_\_\_ **Social Insurance Number** \_\_\_\_\_ **Student #** \_\_\_\_\_  
 (REQUIRED) YYYY/MM/DD (If you have been given one)

**E-mail address** \_\_\_\_\_

**Current mailing address**

\_\_\_\_\_ Apt # \_\_\_\_\_ Street number and name \_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_  
 ( ) ( )

\_\_\_\_\_ Home telephone # \_\_\_\_\_ Work telephone # \_\_\_\_\_

**Previously used mailing address** \_\_\_\_\_  
 (if attended previously)

Have you registered at Georgian prior to this semester?  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)** **Additional academic information**

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)  College or university transfer (transcripts required)

PROGRAM SELECTION		PROGRAM LENGTH	SEMESTER (i.e. Sem 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:**

Cash (do not send cash in the mail)  Cheque  Money order  MasterCard  Visa  American Express

**Credit Card number:** \_\_\_\_\_ **Expiry date:** \_\_\_\_\_

**Cardholder Name (If different from student):** \_\_\_\_\_