

Application for Admission for Part-time Study

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 # _____ **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



Country of Citizenship:

PERMANENT RESIDENT (LANDED IMMIGRANT)
 OTHER (PLEASE SPECIFY) _____

STUDENT AUTHORIZATION (STUDENT VISA)
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)

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) Cheque Money Order MasterCard Visa American Express

Credit Card # _____ **Expiry Date** _____

Cardholder Name (if different from student) _____