

# COLUMBIA INTERNATIONAL COLLEGE OF CANADA APPLICATION FOR ADMISSION



## Applicant Information

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Date of Birth (D/M/Y): \_\_\_\_\_ Age: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Gender:  Male  Female  
 Nationality: \_\_\_\_\_ Country of Residence: \_\_\_\_\_ Passport Issued by: \_\_\_\_\_

## Parents/ Guardian Information

	Info on: <input type="checkbox"/> Father <input type="checkbox"/> Guardian	Info on: <input type="checkbox"/> Mother <input type="checkbox"/> Guardian	Applicant living with:
Name:			<input type="checkbox"/> Both Parents
Date of Birth:			<input type="checkbox"/> Father Only
Home Address:			<input type="checkbox"/> Mother Only
			<input type="checkbox"/> Guardian Only
City:			<b>Young ASEP Achievers Program:</b> • <b>Compulsory for students who were or are under 16 years at the beginning of the academic calendar year (August 1)</b> • Supervised after-school and weekend programming including 24-hour residence supervision by live-in House Parents ( <b>Fees required</b> )
Province:			
Country/ Postal Code:			
Company Name:			
Occupation:			
Work Phone:			
Work Fax:			
Email: (required)			
Home Phone:			
Home Fax:			
Cell Phone:			

## Applicant's Educational Background

Last Secondary School Attended:							
Address of School:							
Beginning Date:		Ending Date:		Form/ Sec/ Grade Completed:			
Certificate or Diploma Obtained (if any):	<input type="checkbox"/> 'O' Level	<input type="checkbox"/> 'A' Level	<input type="checkbox"/> HKCE	<input type="checkbox"/> SPM	<input type="checkbox"/> Unified Exam	<input type="checkbox"/> Other:	
English Language Proficiency Examination results (if any):	<input type="checkbox"/> TOEFL:		<input type="checkbox"/> Michigan Test:		Other (specify):		

## I wish to begin my studies at Columbia International College

<b>Level:</b>	<input type="checkbox"/> Grade 7	<input type="checkbox"/> Grade 8	<input type="checkbox"/> Grade 9	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Grade 12/Pre-U
<b>Start:</b>	<input type="checkbox"/> August	<input type="checkbox"/> September (G7 & 8 only)	<input type="checkbox"/> October	<input type="checkbox"/> January	<input type="checkbox"/> March	<input type="checkbox"/> May <input type="checkbox"/> July
<b>Year:</b>	20_____					

<b>Future Field of Study:</b>	<input type="checkbox"/> University degree	<input type="checkbox"/> College degree	<input type="checkbox"/> Other	<b>Pre-U courses Required</b>	
<input type="checkbox"/> Engineering	<input type="checkbox"/> Genetics / Biology	<input type="checkbox"/> Pharmacy (U.K.)	<input type="checkbox"/> Computer	<input type="checkbox"/> Other Sciences	English, 2 Math, 2 Sciences
<input type="checkbox"/> Business / Commerce	<input type="checkbox"/> Other			English, 1 or 2 Math	
<input type="checkbox"/> Social Science	<input type="checkbox"/> Other			English, 1 Math	
<input type="checkbox"/> Humanities	<input type="checkbox"/> Other			English	

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_  
 Signature of Parent or Guardian (if applicant is under 18 years of age): \_\_\_\_\_

**Please mail or fax application to:**

**COLUMBIA INTERNATIONAL COLLEGE**  
 1003 Main Street West, Hamilton, Ontario, Canada L8S 4P3

Tel: +1 (905)-572-7883 ext 2801  
 Email: [admissions@cic-totalcare.com](mailto:admissions@cic-totalcare.com)

Fax: +1 (905)-572-9332  
 Web: [www.cic-TotalCare.com](http://www.cic-TotalCare.com)