



Canada College

Permit # 693550

Application Form

1118 West Sainte-Catherine Street, suite 403, Montreal, Quebec, Canada H3B 1H5
 T : 514-868-6262 F : 514-868-0869 info@collegecanada.com www.collegecanada.com

Titre : <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		Permanent Code :	
Last Name :		First Name :	
Date of Birth (DD/MM/YYYY) : / /		Social Insurance Number :	
Address :			
City :	Province :	Country :	Postal Code :
Tel. :	Cell. :	E-mail Address :	
Father's Last and First Name (even if deceased) : _____			
Mother's Last and First Name (even if deceased) : _____			
Mother Tongue :		Language most often spoken at home :	

PROGRAM OF STUDY Language : English

For this intake : Fall Winter Summer Year : _____ Start Date : _____

Program that the student is applying for :

Database Administration LEA.CC AEC

EDUCATION

Last level of study :				
<input type="checkbox"/> High School <input type="checkbox"/> Post-Secondary <input type="checkbox"/> University				
Institution	Degree/Diploma granted	Specialization (if applicable)	Year of delivery of the degree/diploma	Duration of studies

Please attach a copy of your diplomas and transcripts.

PROFESSIONAL EXPERIENCE

1st Employment

Company Name	Title	City, province	Duration
Main duties :			

2nd Employment

Company Name	Title	City, province	Duration
Main duties :			

3rd Employment

Company Name	Title	City, province	Duration
Main duties :			

4th Employment

Company Name	Title	City, province	Duration
Main Duties :			

Please attach work certificates and résumé to this form.

LANGUAGE PROFICIENCY (only for students who made elementary or high school in a language other than English)

TEF/TFI test score attached to this form : Yes No

FEE FOR THE EVALUATION OF YOUR APPLICATION

The College charges \$50 to evaluate your application.

Please mention your method of payment : Check Debit Credit Card : _____
 Wire Transfer

Checks must be paid to the order of *Canada College*.

The college gives a receipt once application fees have been paid.

SENDING THE APPLICATION BY MAIL

We advise you to bring your application in person during the college's opening hours (from 9 :00 A.M. to 8 :00 P.M.) However, you may send us your application by mail. *Please make sure to insert all supportive documents as well as the payment of the application fee.* Our mailing address is the following :

Mailing Address	Contact Info
Canada College 1118 West Sainte-Catherine Street, suite # 403 Montreal, Quebec, Canada H3B 1H5	T : 514-868-6262 F : 514-868-0869 E-Mail : info@collegecanada.com

SIGNATURE

I confirm by signing that the information entered in this form is true and accurate. Any inexact or false information may induce the rejection of my application. I also confirm by signing that I am applying for the Database Administration AEC program. I authorize college employees to use the personal information entered in this form to verify my past education, as well as my work experience, if any, in order to evaluate my application.

Signature of Applicant : _____ Date (DD/MM/YYYY) : _____