



International Student Application Checklist

Camosun College
3100 Foul Bay Road
Victoria BC Canada V8P 5J2

Tel: +1-250-370-3681 Fax: +1-250-370-3689
Email: internationalapplications@camosun.ca
Web: www.camosun.ca/international

Application Form

Fill out the attached PDF application form. Type all information. Print off application and sign it.
The student's signature on the application MUST match the signature on the passport.

\$100 CAD Application fee

Payment by credit card on the last page of application

Confirm

- Student's current address, email address and phone number are on the application
- Student has signed the application the same way the passport has been signed

Supporting Documents

All documents submitted become the property of Camosun College and will not be returned.

- English Proficiency (please select one)
 - Academic IELTS must be taken within the past two years
 - Academic TOEFL iBT must be taken within the past two years. Original document from ETS to Camosun College: Destination (DI) Code: 7527
 - Recognized Pathway Partner Certificate
 - Other: BC English 12 or equivalent
- Transcripts (Secondary/Post-secondary)
Scan of official documents is acceptable to submit with application. Official, sealed transcripts from all institutions attended must be received by Camosun College.
- Passport
 - Front page (picture page)
 - Page showing address and signature
 - Study Permit (if applicable)
- Program Specific Documents (if applicable)
 - Your [program](#) of choice may have additional admission requirements such as proof of graduation, experience, portfolio, etc. Please look at your program and determine if this applies to you and include with your application.
- Permission to Release Information and Authorization to Act on My Behalf form: [FOIPOP](#) (if applicable)

Submit supporting documents in English.

Where appropriate, please provide English translations of all documents (transcripts and credentials) in English for all education completed above. Documents submitted become the property of Camosun College and will not be returned.

All documents should be sent to the following address:

Attention: International Admissions
Camosun College
3100 Foul Bay Road
Victoria, BC, V8P 5J2
Canada
Tel: +1-250-370-3681

Thank you for submitting your application to Camosun College!



International Student Application Form

(All fields must be completed)

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Have you attended or applied to Camosun College before? <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICE USE ONLY
Camosun College Student Number C _____	

Program Choice

Name of Program	Specialization/major
When do you plan to start? <input type="checkbox"/> January <input type="checkbox"/> May <input type="checkbox"/> September	Year: 20__
Do you have a Study Permit or any other Canadian government issued permit? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, include photocopy of permit)	

Personal Information

Family Name	Given Name(s)
Date of Birth (mm/dd/yy) ____/____/____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Citizenship	First Language

Current Contact Information

Address		City
Province/District/State	Country	Postal Code
Phone	Email	

Agent Information (if applicable)

Agent Company Name	Agent ID	Contact Name
Address		City
Province/District/State	Country	Postal/Zip Code
Phone	Email	
<input type="checkbox"/> My agent has permission to conduct student related business on my behalf for the following length of time (mm/dd/yy) ____/____/____ to ____/____/____		
Student Signature _____		

Education Background

Last High School Attended		
Institution Name	City, Province, Country	
From (month/year) ____/____ to (month/year) ____/____	Grade completed	P.E.N. # (BC High Schools only)
All Post-secondary Institutions Attended		
Institution Name	City, Province, Country	
From (month/year) ____/____ to (month/year) ____/____	Certificates, Diplomas, Degrees Earned	
Institution Name	City, Province, Country	
From (month/year) ____/____ to (month/year) ____/____	Certificates, Diplomas, Degrees Earned	

Other Credentials

International Academic Credentials	<input type="checkbox"/> IB Certificate	<input type="checkbox"/> IB Diploma	<input type="checkbox"/> Advanced Placement	<input type="checkbox"/> GCSE	<input type="checkbox"/> A Levels	<input type="checkbox"/> O Levels
ESL Credentials	<input type="checkbox"/> IELTS	<input type="checkbox"/> TOEFL	<input type="checkbox"/> Pathway Certificate			

Additional Information

I require accommodation information (homestay or room stay) Yes No

I will require custodianship (additional fee applies) Yes No

I require additional support services due to a disability Yes No

Emergency Contact Name Relationship to you

Phone Email

Applicant Declaration *(Please read the following before signing)*

1. I, the applicant, declare that all information contained on this application for admission is true and complete.
2. I agree to abide by the rules, regulations and policies of Camosun College.
3. I understand the application fee is non-refundable, is required from all applicants to a program and the application will not be processed until this fee is received.
4. I understand and agree that acceptance of this application in no way guarantees admission to the program or course and that this application is subject to the availability of seats. I understand and agree the College reserves the right to modify or cancel any program or course without notice or prejudice.

Signature of Applicant _____ Date _____

Privacy Notice

The personal information provided on your application form is collected under the authority of the section 41(1) of the Colleges and Institutes Act and pursuant to section 26(c) of the Freedom of Information and Protection of Privacy Act (FIPPA), RSBC1996, c. 165, as amended. The information will be used for the purposes of: admission; registration; academic progress; notification of future courses; notification of test results; agent related business and operating other Camosun-related programs. Camosun collects, uses, retains and discloses information in accordance with FIPPA. Camosun may share and disclose personal information within the College to carry out its mandate and operations. Information, in aggregate form only, may also be used for research purposes and statistics.

Should you have any questions about the collection of information, please contact the International Director at +1-250-370-3681, international@camosun.ca, Camosun International: 3100 Foul Bay Rd., Victoria, BC, V8T 3H6

Permission to Release Information

If you wish to grant anyone access to your information, you will need to complete a [FOIPOP](#) form and indicate who is allowed access to your admission and registration information, this includes agents and emergency contact. If you do not wish anyone to have access to your information, then leave information blank. Permission can be changed by informing the International Office in writing anytime.

Method of Payment **A \$100 CDN non-refundable application fee is required with your application**

VISA Mastercard JCB American Express

Credit Card Number: _____ Expiry Date: ____/____ Security Code: _____

Cardholder Name: _____

Cardholder Signature: _____ I authorize to charge \$100 to my credit card



Permission to Release Information and Authorization to Act on My Behalf

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Student Services

The personal information which forms part of your student record is collected under the legal authority of College and Institutes Act, [RSBC 1996] c.52, and the Freedom of Information and Protection of Privacy Act [RSBC1996] c. 165. The information is used for administrative and statistical research purposes of the College and/or the ministries or agencies of the Government of British Columbia and the Government of Canada. The Freedom of Information and Protection of Privacy Act provides that the College may not release information pertaining to student records to any other person without the student's consent.

Further, the College does not normally allow any person other than the student to conduct student related business with the College on behalf of the student.

If you want any other person to have access to your student records and/or to conduct student related business on your behalf you must complete the form and:

- Submit the form to the International Department at either campus, or
- Drop the form off in the on-campus drop boxes located at either campus, or
- Send the form via mail or fax to the attention for the International Department.

Personal Information	
Family Name	Given Name(s)
Student #: C _____	Date of Birth (mm/dd/yy) ____/____/____
The following person(s) _____ has/have permission to <input type="checkbox"/> access my student records and/or <input type="checkbox"/> to conduct student related business on my behalf for the following length of time (mm/dd/yy) ____/____/____ to ____/____/____ Signature _____ Date _____	