

International Student Application Form

(All fields must be completed)



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Victoria BC Canada V8P 5J2
Tel: +1 (250) 370-3681
Fax: +1 (250) 370-3689
Email: international_admissions@camosun.bc.ca
Web: www.camosun.ca/international

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	
What program are you applying for?	
When do you plan to start? <input type="checkbox"/> January <input type="checkbox"/> May <input type="checkbox"/> July <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
Are you a person with a disability? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please describe any special arrangements you require)	

Permanent Address (Home Country)		
Address		City
Province/District/State	Country	Postal/Zip Code
Phone	Email	
Emergency Contact Name		Relationship to you
Phone	Email	

Current Mailing Address		
Address		City
Province/District/State	Country	Postal/Zip Code
Phone	Email	

Agent Information		
Are you using an agent? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please provide details below)		
Agent Company Name		Contact Name
Address		City
Province/District/State	Country	Postal/Zip Code
Phone	Email	

Send All Documents to		
<input type="checkbox"/> Permanent Address <input type="checkbox"/> Current Mailing Address <input type="checkbox"/> Agent or <input type="checkbox"/> Hold for in-person pick-up (in Victoria only)		

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)

Last College or University Attended

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				

Please provide transcripts and credentials in English for all education completed above. All transcripts submitted become the property of Camosun College and will not be returned.

Accommodation

I require assistance with accommodation Yes No

How did you hear about Camosun College?

<input type="checkbox"/> Directory	<input type="checkbox"/> Canadian Embassy	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Website _____
<input type="checkbox"/> Agent	<input type="checkbox"/> School	<input type="checkbox"/> Student/Alumni	<input type="checkbox"/> Education Fair _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Advertisement _____		

Method of Payment

A \$100 CDN non-refundable application fee is required with your application

<input type="checkbox"/> Credit Card	<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard	<input type="checkbox"/> JCB	<input type="checkbox"/> American Express
<input type="checkbox"/> International Bank Draft	Credit Card Number: _____			
<input type="checkbox"/> Money Order	Expiry Date: ____/____		Cardholder Name: _____	
Cardholder Signature: _____				
<input type="checkbox"/> I authorize to charge \$100 to my credit card				

Information Release

I give permission to Camosun College to release my information to the following (optional):

<input type="checkbox"/> Emergency contact	<input type="checkbox"/> Agent
<input type="checkbox"/> Relative or friend	Name: _____ Relationship to you: _____

Application Declaration

I declare that the information contained in this application is, to the best of my knowledge, complete and correct.

I agree to abide by the rules and regulations of the college.

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.

Freedom of Information and Protection of Privacy: Camosun College complies with the Freedom of Information/Protection of Privacy legislation of the Province of BC. Information collected on application forms is used in the normal course of college operations in accordance with this legislation.

The information on this application is being collected under the authority of the College and Institute Act. In signing this application for admission, I understand that this information, along with subsequent immigration information placed in my student records will be used for the purposes of admission, registration, student support services, research, alumni and development and other purposes consistent with the mandate of the institution. The use of this information will be in compliance with the Freedom of Information and Protection of Privacy Act.

Signature of Applicant _____ Date _____