



International Admissions

email: international_applications@camosun.ca
web: camosun.ca/international

Mailing Address for official transcripts:
Camosun College
International Department
1931 Argyle Avenue
Victoria, BC V8P 5J2
Canada

Use of a Camosun-authorized Education Consultant (if applicable)

If applicable, please fill out the education consultant Information form below. Please check the box if you choose to appoint an education consultant.

Camosun works with a number of qualified education consultants abroad who provide education counselling services to international students. You can check with us if your education consultant is authorized with Camosun College.

Hiring an education consultant to apply to Camosun is your choice. Camosun gives no preference to applications submitted directly or via education consultants.

I am appointing a Camosun-authorized education consultant to submit an application on my behalf

Permission to Release Information to an Education Consultant

International Admissions

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 your Camosun-authorized education consultant to submit your application to Camosun for you, you must complete this form and ask them to email it to international_applications@camosun.ca together with your additional application supporting documents.

Student Information		
Family Name	Given Name(s)	
Educational Planner BC reference #	Date of Birth	
I, the Applicant, hereby authorize Camosun College to release admissions, registration and tuition information to the following Camosun-authorized education consultant		
Company Name	Consultant ID	Contact Name
Address		City
Province/District/State	Country	Postal/Zip Code
Phone	Email	

Signature of Applicant

Date

MUST match signature on passport

YYYY-MM-DD

Students may revoke this authorization at any time by emailing international_admissions@camosun.ca.