

International Student Application Form

Please complete all sections of the form

Ottawa / Mississauga Campuses

Title (Ms., Mrs., Mr., Dr.)	First/Given Name	Middle Name(s)	
Maiden Name		Last/Family Name	
Gender: Male ___ Female ___			
Full Mailing Address			
P.O. BOX	Apartment / Unit	Street No.	Street Name
City / Town	Country	Province/State	Postal Code
Email Address	Phone No.		

PASSPORT INFORMATION:	PROGRAM OF INTEREST:
Passport Number	<i>Health Care Programs</i> <input type="checkbox"/> Fitness and Health Promotion <input type="checkbox"/> Medical Laboratory Assistant Technician <input type="checkbox"/> Medical Office Assistant <input type="checkbox"/> Personal Support Worker <input type="checkbox"/> Pharmacy Technician
Date of Issue	
Date of Expiry	<i>Business and Law Programs</i> <input type="checkbox"/> Accounting and Payroll <input type="checkbox"/> Business Management <input type="checkbox"/> Legal Assistant <input type="checkbox"/> Paralegal
Country of Birth	
Country of Citizenship	<i>Travel Program</i> <input type="checkbox"/> Travel Counsellor
Date of Birth ____/____/____	

AGENT INFORMATION:	PREFERRED START DATE:
Do you want all your communication sent to your agent? ___ Yes ___ No ___ Not Applicable	<input type="checkbox"/> Fall 2015 <input type="checkbox"/> Winter 2016 <input type="checkbox"/> Spring 2016 <input type="checkbox"/> Summer 2016
Company / Agent Name: _____	
Is English your first language? ___ Yes ___ No	If NO , have you taken any English Tests (ILETS / TOEFL) ___ Yes ___ No
Test Name: _____	Score: _____
Signature of Applicant: _____	Date: _____

For more information, please contact:	
Algonquin Careers Academy Ottawa Campus: 1830 Bank Street Ottawa, Ontario K1V 7Y6 Tel. No. +1-613-188-7811 Fax No. +1-613-722-4494 Toll Free: +1-888-722-7818 Email: ottinfo@algonquinacademy.com	Mississauga Campus: 3025 Hurontario Street Mississauga, Ontario L5A 2H1 Tel. No. +1-905-361-2380 Fax No. +1-905-361-0603 Toll Free: +1-888-722-7818 Email: missinfo@algonquinacademy.com