International Student **Application Form**



North York 102A-155 Consumers Road, Toronto, ON M2J 0A3 (416) 977-8188 = fax:(416) 979-9880 r Brampton 111-44 Peel Center Drive, Brampton, ON L6T 4B5 (905) 791-7555 = fax:(905) 791-5176

Personal Information														
Mr.	Mrs.	Ms.		Miss	First Name					Middle Name				
Last Name					Previous Last Name (if changed)					Date of Birth (dd/mm/yyyy) / /				
SPP Applicant? Student Permit Attached?					Cambrian College Student ID Numbe r (if available)					Country of Citizenship				
Yes	No Yes No													
Passport Number					First Language					While in Canada, where will you stay? Homestay (host family)				
Date Admitte	ed into Ca) (dd/mm	/уууу)					Private Residence (apartment, house, etc.)						
/ /										Other				
Applicant's Permanent Mailing Address														
Street Name and Number												Apartment Number		
City			Province/	Country				Postal/Zip Code						
Phone Number En				Email add	il address									
English Sc	ores (IEl	TS)												
Overall Band Score			Listening	Reading Writing			J		Speaking					
Program Ir	nformat	ion (Pr	ogram	Code ending	with "HP/HW"n	neans the pro	gram	is provided	at North Yo	ork campus,"BH"-I	Bramp	ton campus;" BC"- Vancouver)		
Program				Starting Semest		ster	Start Date Yea			Campus				
Emergenc	y Conta	ct (Car	nnot k	pe agent in	formation. Ov	erseas em	erge	ncy conta	ct is acce	otable.)				
Emergency Contact Name			1		Street Name and Number									
Apartment Number City						Province/State			Country					
Postal/Zip Co	ostal/Zip Code Phone Number				Email address				1					
Agency In	formatio	on <u>(if</u> a)	oplyir	ng thr <u>ough</u>	a registered a	agent <u>of Ca</u>	m <u>b</u> r	ian C <u>olleg</u>	e or <u>of Ca</u>	mbrian @ H <u>an</u>	so <u>n l</u> ı	nternational Academy)		
Agency			Agency ID		Contact Person				Email					
Student Consent														
			Consent to Contact : Cambrian at Hanson (CAH) will use your contact information to send you school-related electronic communication. You may withdraw your consent											

at any time by contacting CAH at #102A - 155 Consumers Rd, Toronto ON, M2J 0A3 at (416) 977-8188 or (647) 428-3571, or #111 - 44 Peel Centre Dr., Brampton ON, L6T 4B5 at (905) 791-7555.

I authorize Cambrian at Hanson to use my contact information to send me school-related electronic communications : Yes No

I certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application. I have read the Freedom of Information and Protection of individual Privacy statement. I authorize Hanson International to interact/exchange information with my agent with respect to my admission to Cambrian College programs at Hanson International.

Applicant signature

Date (dd/mm/yyyy)

FREEDOM OF INFORMATION AND PROTECTION OF INDIVIDUAL PRIVACY – The information on this form is collected under the legal authority of the Ministry of Colleges and Universities Act, R.S.O. 1990, Reg. 770. The information is used for administration and statistical purposes of the college and/or the Ministries and Agencies of the Government of Ontario and the Government of Canada. For further Regitrar of the College for which the application is being made at the address and telephone number on this page. Page 1 of 1