



Cambridge College

Metropolis at Metrotown, OG 463 - 4800 Kingsway, Burnaby, BC V5H 4J2

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www.cambridgecollege.ca info@cambridgecollege.ca

STUDENT INFORMATION

Last Name: _____ First & Middle Name: _____

Mailing Address: _____

City: _____ State/Prov. _____ Country: _____ Postal Code: _____

Telephone#: _____ (_____) _____ E-Mail: _____

Date of Birth (YYYY MM DD) _____ 1st Language: _____

Citizenship Status (Please Tick) Canadian Permanent Resident

International Student with: Study Permit Visitor Visa

PROGRAM INFORMATION

Program Name: _____ Approximate Start Date: _____

Upon acceptance in program, student contract with firm start date will be sent to you.

ACADEMIC HISTORY

Name of High School: _____ Graduation Date: _____

Name of College/University: _____ Graduation Date: _____

Degree/Diploma Earned: _____ Major: _____

EMERGENCY CONTACT

First Name and Last Name: _____ Relationship _____

Telephone#: _____ (_____) _____ E-Mail: _____

I certify that the information provided is true and accurate, I have graduated from High School and I am 19 years of age or older. If under the age of 19, a parent or legal guardian must also sign the Application.

Signature: _____ Date: _____

WILL YOU NEED HOME STAY ACCOMODATION?

Yes No

If yes, Homestay Application must be submitted upon acceptance in the program

SUBMITTING YOUR APPLICATION PACKAGE: Application Fee \$200 (includes \$100 Non-Refundable Registration Fee and \$100 Initial Courier Fees) are required before application will be processed. Homestay Application Fee of \$195 must be submitted with Homestay Application.

PLEASE REMEMBER TO ENCLOSE THE FOLLOWING:

Official High School/College Transcript and Diploma

TOEFL or IELTS Score (if Applicable)

Items Enclosed # _____

Items Sent at later date # _____

OFFICE USE ONLY

Pre-enrollment#: _____

Admin. Exec. :

Remarks: