

Cambridge College

Metropolis at Metrotown, Suite OG-454, 4800 Kingsway, Burnaby BC V5H 4J2

Tel.: 604-438-7246 Fax.: 604-438-2667

www.cambridgecollege.ca Email.: info@cambridgecollege.ca

A. PERSONAL INFORMATION		
	la Name	
	le Name:	
Mailing Address:		Do atal Co da
City:State / ProvCoun		
Telephone # :()F		
E-Mail.: 1 st La Date of Birth (YYYY MM DD)	nguage:	·
Citizenship Status (Please Tick) Canadian Permanent		
International Student with Study Permit Visitor Visa		
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B.PROGRAM SELECTION		
Program Name:		
Approximate Start Date:		
Upon acceptance in program, student contract with firm start date will be sent to you.		
C. ACADEMIC HISTORY		
Name of High school:		
Name of College/University:	Graduation Date:	
Degree / Diploma Earned:	Major:	
	Year	
D. EMERGENCY CONTACT		
First Name and Last Name	Re	lationship
Phone()Fax.:()	E-mail	
I certify that the above information is correct to the best of my knowledge and that I have graduated from High School that I am 19 years of age or older (The applicant guardian must sign if the applicant is under 19 years of age). Signature Date		
E. WILL YOU NEED HOME STAY ACCOMODATION?		
☐ Yes ☐ No If yes, Homestay Application Form must be submitted		
SUBMITTING YOUR APPLICATION PACKAGE		Office Use Only
Application Fee \$200(Includes \$100 Non-Refundable Registration Fee and \$100 Initial		
Courier Fees) and Homestay Placement Fee \$195 (if applicable) are required before		Pre-enrollment#:
application will be processed. PLEASE REMEMBER TO ENCLOSE THE FOLLOWING		Admin. Exec. :
1. Official High School Transcript and Diploma		
2. TOEFL or IELTS Score (if applicable).		Remarks:
Items Enclosed # Item Sent at later Date #		

I would prefer to pay Tuition Fees in \square Canadian Dollar \square US Dollar (Please check one).