

## APPLICATION FOR INTERNATIONAL STUDENT ADMISSION

*Please answer all questions. Incomplete form delays processing.*

**A \$100.00 CDN, non-refundable application fee must accompany this form.**

### PERSONAL INFORMATION (Please Print Clearly)

LAST NAME:		FULL LEGAL FIRST NAME:		MIDDLE NAME OR INITIAL:	
List other surname name(s) you may have used when taking courses at CMTN:				<b>****NOTE**** All correspondence is sent to <u>Permanent</u> Address</b>	
PERMANENT MAILING ADDRESS			LOCAL ADDRESS (while attending CMTN, if known)		
Apartment Number, Street, Box			Apartment Number, Street, Box		
City	Province	Postal Code		City	Province
Country		Country			
Home Telephone # ( )		Bus./Message Telephone # ( )		Local Telephone # ( )	
Date of Birth:    Year    Month    Day	GENDER:		IN CASE OF EMERGENCY CONTACT:		
/    /	Female <input type="radio"/> Male <input type="radio"/>		Name: _____		
Country of Citizenship:			Telephone: ( )		

### PROGRAM INFORMATION

Some programs require specific documentation in addition to this application.

Check the admission requirements for the program on the College web site at <http://www.coastmountaincollege.ca>

**PROCESSING OF YOUR APPLICATION WILL BE DELAYED UNTIL ALL REQUIRED DOCUMENTATION IS RECEIVED.**

Program for which you are applying:	Date (month/year) you would like to start:
Campus to which you are applying:	I WOULD PREFER TO STUDY: <input type="radio"/> Full time <input type="radio"/> Part-time

### EDUCATIONAL INFORMATION

LAST HIGH SCHOOL ATTENDED: _____ COUNTRY _____ LAST DATE ATTENDED: _____ Year _____ Month HIGHEST GRADE COMPLETED OR PRESENTLY COMPLETING:	<b>Previous Post-Secondary</b> If you have previously taken courses at another post-secondary institution that directly relates to this application, please complete the following. ( <i>you may be required to submit official transcripts.</i> )				
	NAME OF INSTITUTION	LOCATION	PROGRAM	Last Date Attended	
			YEAR	MONTH	

### GENERAL INFORMATION

Contact your local college campus for information about Services for Students with Disabilities, Housing or Child Care.

The College may announce the names of students and use their photographs in marketing and communication materials. Students with privacy concerns are urged to advise campus staff at the earliest possible time.

### DECLARATION

1. The information in this application is, to the best of my knowledge, complete and correct.
2. I agree to follow the rules and regulations of the College as listed in the Coast Mountain College web site or as amended by the College Board of Governors.
3. I understand that personal information from this application will be used to verify my Personal Education Number (PEN) or assign one to me for the purpose of research and evaluation. Any information released will be in a non-identifiable form.
4. I understand that both the information provided and any other information placed on my student record will be protected and used in compliance with Bill 50 Freedom of Information and Protection of Privacy Act (1992) and the operations of the College. Information collected and maintained as part of my student records is collected under the authority of the Colleges and Institutions Act.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**Send Completed Application to:** *The Registrar's Office, Coast Mountain College, 5331 McConnell Avenue, Terrace, BC, Canada V8G 4X2*