



APPLICATION FORM

ADMISSION DATA

Foundation Certificate Diploma Bachelor Post-Graduate Diploma Masters (1st Class or 2nd Class Upper)

REGULAR APPLICATION START DATE* Please Note: Most competitive programs close early

- Fall (Aug/Sept)
- Winter (Jan/Feb)
- Summer (May/June)

INSTITUTION OF CHOICE

First Choice

Program Selection

Second Choice

Program Selection

PERSONAL DATA

First Name:

Middle Name:

Last Name:

Previous/Other Names:

Date of Birth:

DD

MM

YYYY

Citizenship:

Place of Birth:

Gender: Male

Female

Others

Email Address:

Phone Number:

Current Home Address:

City:

State:

Country:

EMERGENCY CONTACT

Full Name:

Relationship:

Email Address:

Phone Number:

Check here if the mailing address is the same as the current home address

Mailing Address:

City:

State:

Country:

ACADEMIC BACKGROUND

Have you previously attended a Polytechnic or University? Yes No

If yes, please complete the table below.

LIST ALL PREVIOUSLY ATTENDED COLLEGES / UNIVERSITIES

INSTITUTION NAME AND LOCATION	ENTRY YEAR	GRADUATION YEAR	DEGREE EARNED	PROGRAM/COURSE	FINAL GRADE
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HIGH SCHOOL (Only applicable to foundation and undergraduate applicants)

INSTITUTION NAME AND LOCATION	GRADUATION YEAR	CERTIFICATE OBTAINED (IF AVAILABLE)
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How did you learn about Maple Education Canada Inc?

Online Family Friend Advert Agency Maple Client Educational Fair Social Media

Others (Please Specify)

FINAL STEP

To complete your application and receive an admission decision, please submit the required documents along with the application form.

ACKNOWLEDGMENT AND CERTIFICATION OF APPLICANT (Required)

I, _____ acknowledge and certify that all information provided in this application is complete, factually accurate, and honestly presented. I further understand that the application and administrative fees attached to this application are non-refundable.

Signature

Date