

Official transcripts included in this application

INTERNATIONAL STUDENT APPLICATION FORM

Personal deta	ils (Name	must be as it a	ppears	on your passpo	ort)	*Red	quired f	ields						
Title: Mr.	Mrs.	Miss 1	√ls.	Prefer	red Na	ame:								
*Family name:	mily name: *F				irst name:				Middle name:					
*Date of birth:			YYYY / MM / DI	YYYY / MM / DD			Fema	ale	Male	Und	eclared			
*Address (printed on letter)		House/Apt #: Street:									City:			
		Province/State:				Postal code/Zip:				Country:				
Current mailing	address	House/Apt #:		Street:							City:			
(if different than		Province/State:					Postal code/Zip:			Country:				
*Telephone:						*	Applicar	nt email	:					
First language:				*Country of citize	*Country of citizenship:					Passport number:				
Agent Informa	ation													
*Are you workin		agent?	If "Ye	es", please provid	e the t	followi	ng:							
Yes	No		Agen	ncy:										
Agency ID#:			Agen	ncy email address:	:									
English for Ac	Weeks o	urposes (EAP) I	rogran		hoose	vour S	START da	ate			Choose your FINISH date			
7 weeks	VVCCRS	or study		January	Choose your		Year:		F	February		Year:		
14 weeks ((1 semeste	er, 4 months)		March			Year:		April		Year:			
21 weeks			May			Year:		+	June		Year:			
28 weeks (2 semesters, 8 months)			July			Year:		,	August		Year:			
35 weeks				September			Year:		October			Year:		
42 weeks ((3 semeste	ers, 1 year)		November			Year:		December		Year:			
Postsecondary	v progran	ns												
Which program									Start D	ate				
1st Choice F	Program na	Cam			pus Code:			Length (years):			Month:		Year:	
2nd Choice F	Program na	ame:		Camp		us Code:			Length (years):			Month:		Year:
3rd Choice F	Program na	ame:		Camp		Code:		Length (years):			Month:		Year:	
For co-operative education program applicants only: I understand that I have applied for a co-operative education program and it is my responsibility to find the co-operative work placement Georgian College does not guarantee any student a co-operative position. Signature of applicant (full signature)														
orginature of appl	ncant (TUII S	signature)									Dat	eY	YY/ MM/ I	DD
Academic info	rmation													
Is English your first language? Yes No				If NO, have you taken any English tests (i.e			., TOEFL, IELTS, CAEL? Yes No							
Name of English test taken:				English test score: Date of test taken or				en or to be take	en: YY	YY/MM/DD				
Name of last school attended:				Highest level passed:										

No



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Freedom of information and privacy notification

The personal information collected on this application is collected under the legal authority of the Colleges and Universities Act, Regulation 640. The information is collected for the purpose of statistics gathering for research and reports with the colleges, Ontario Ministry of Education and Training and Canadian non-government agencies. For further information regarding this collection, please contact the Office of the Registrar, 705.728.1968, ext. 1698 or fax 705.722.5123.

"I authorize Georgian College to release and obtain any information	from the following representatives or relatives listed below"
Representative/Relative Name	Relationship
Representative/Relative Name	Relationship
Declaration	
I declare that the information contained in this application is true and submitted in support of my application may invalidate my applicatio withdrawal may also take place at any time during my enrollment.	
I authorize Georgian College to release and obtain information from authorization. I also understand that documentation submitted to G	Citizenship and Immigration Canada related to study permit eorgian College will not be returned to me.
I understand that if I withdraw within the first 10 days that I am entitle formula:	ed to a partial refund of tuition in accordance with the ministry
International Tuition Fee x 500 = ÷ Domestic Tuition Fee	e = non-refundable amount
Fees paid by student – non-refundable amount = Refund Amount	
I also understand that if I am refused a study permit and provide pro	of, I will receive a full refund of tuition fees.
Signature of applicant (full signature):	Date:
(Print and sign when form is completed)	YYYY/MM/DD
Application Checklist	
Complete the Georgian College "International Student App	olication Form" then print out and sign.
English language test results (i.e.: TOEFL, IELTS).	
Scanned original or certified copies of all documentation ar	nd academic records must be attached to the application.
For documents that are not in English, certified translated o	opies must also be provided.
\$100 mandatory , non-refundable application fee is require	d for processing, including EAP.
Send by mail, courier, email. One email with application and	documents are preferred. Maximum size for one email is 5MB.
All mailings should be sent directly to: Georg	gian College

Tel: 705.728.1968 ext. 1218 Email: reginternational@georgiancollege.ca

Website: www.georgiancollege.ca

The International Centre - C279

Barrie, Ontario, Canada L4M 3X9

One Georgian Drive



INTERNATIONAL STUDENT APPLICATION FORM

HOW TO PAY FEES AT GEORGIAN COLLEGE

Please include your name and student number on all correspondences sent to the college. All payments should be made payable to Georgian College.

For application fees, Georgian College accepts:

• (Credit	Card:	Payab	le to	Georgia	n Colle	qe
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MasterCard	Visa	Amount Paid \$	
Credit Card #		Expiry Date	
Cardholder Name		CVV	

Money order (to be drawn from a Canadian Bank)
 Bank or demand draft (to be drawn from a Canadian Bank)
 Certified cheque (to be drawn from a Canadian Bank)

• Wire or bank transfer:

Royal Bank of Canada Transit # 00302-003 53 Bayfield Street Barrie, Ontario CANADA

Credit account of Georgian College of Applied Arts and Technology

Account #130-344-5

Swift code (if needed) is ROYCCAT2

You should keep your copy of the wire as proof that the funds have been transferred.

You must include your student number and your name on the transfer so that we can match it to your student account.