

FOR OFFICE USE ONLY		
Application #:	Student #:	Date Received:

1. PERSONAL INFORMATION					
Family Name			Given Name(s)		
Date of Birth (Day/Month/Year)		Country of Birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Personal Email				Phone #	
Agent (if applicable)			Agent Phone # / Email		
Contact person in home country			Contact person in Canada		
• PERMANENT MAILING ADDRESS (in home country)					
Street					
City		Country		Postal Code (PIN Code)	
• MAILING ADDRESS IN CANADA (if applicable)					
Street					
City		Province		Postal Code (PIN Code)	

2. POSTSECONDARY PROGRAMS						
	Program Name			Program #	Start Date (Month / Year)	
First Choice						
Second Choice						
• GENERAL ARTS & SCIENCE – ENGLISH FOR ACADEMIC PURPOSES / ENGLISH AS A SECOND LANGUAGE						
<input type="checkbox"/> Jan. - Feb.	<input type="checkbox"/> Mar. - Apr.	<input type="checkbox"/> May - Jun.	<input type="checkbox"/> Jul. - Aug.	<input type="checkbox"/> Sept. - Oct.	<input type="checkbox"/> Nov. - Dec.	Year: _____

3. APPLICANT CHECKLIST			
<input type="checkbox"/> Application Form	<input type="checkbox"/> Copy of Passport (Photo page)	<input type="checkbox"/> \$100 Application Fee (Non-refundable)	<input type="checkbox"/> \$1600 Seat confirmation fee (Refundable only when study permit is denied) (Must pay upon receipt of Letter of Acceptance)
• Documents for post-secondary and post-graduate application only			
<input type="checkbox"/> Translated and notarized transcripts and diploma(s) from senior secondary school and higher education		<input type="checkbox"/> IELTS or TOEFL scores or English Credit, Ontario Secondary School Diploma (Grade 12)	

4. LETTER OF ACCEPTANCE MAILING INSTRUCTION (Please select one only)			
<input type="checkbox"/> Mail to International Address	<input type="checkbox"/> Mail to Address in Canada	<input type="checkbox"/> Pick Up	<input type="checkbox"/> By email: _____

5. SUBMISSION
Print, sign and confirm payment information. Submit the Application Form with documents by email, in PDF format, to: intered@mohawkcollege.ca . If paying application fee by credit card, all documents must be faxed to 905-575-2362 for security reason. Copies are acceptable however originals may be required upon request. Additional details can be found at: http://www.mohawkcollege.ca/international/programs/admissions/apply.html

6. DECLARATION / RELEASE OF INFORMATION
I declare that the above information is true and complete. I understand that any false information submitted in support of my application may invalidate my application and result in withdrawal of a "Letter of Acceptance" and/or registration. This withdrawal may take place at any time during my enrolment and information will be given to Canada Immigration.
Signature of Applicant: _____ Date: _____
Freedom of Information and Protection of Privacy Act. The information on this form is collected under the legal authority of the Ministry of Education and Training, R.S.O.. 1990, cM19:R.R.O 1980, Reg 770. It is used for administrative and statistical purposes. For further information, please contact the Registrar, Mohawk College, P.O. Box 2034, Hamilton, ON L8N 3T2 or www.mohawkcollege.ca

PLEASE CHECK PAYMENT INFORMATION ON THE BACK OF THIS FORM

