Applying to Centennial College

1. Print out this form
2. Fill it in
3. Fax it to us at 416-289-5352
4. Then mail the original to:

   Centennial College  
   International Education Office  
   P.O. Box 631, Station A  
   Toronto, Ontario  
   Canada M1K 5E9

☐ Mr.  ☐ Mrs.  ☐ Ms.  ☐ Female  ☐ Male

Permanent Mailing Address

Last Name _________________________________

First Name _______________________   Second Name __________________________

Street __________________________________________________________________

Apt: # _______  City _____________________   Province/State _________________

Country _______________________________   Postal Code ______________________

Telephone, Fax

Country Code ______  City Code ______   Number _____________________________

Home __________________________________________________________________

Work __________________________________________________________________

Fax __________________________________________________________________

E-mail Address ___________________________________________________________

Birth Date:  Month __________   Day _________   Year __________

Country of Citizenship ____________________________________________
First Language: □ English □ French □ Other, please specify _____________________

Basis for admission consideration

□ Secondary school graduate or equivalent (Please fax transcripts with your application. Then mail certified copies with original application.)

Additional academic information

□ College/university studies (Please fax transcripts with your application. Then mail certified copies with original application.)

Have you written the TOEFL?

□ Yes □ No

If yes, please indicate the date it was written ______________________.

TOEFL Score_________________ (Please have your marks sent to us)

Have you written the IELTS?

□ Yes □ No

If yes, please indicate the date it was written _______________________.

Score:
Listening: _____ Reading: _____ Writing: _____ Speaking: _____ Overall: _____
(Please have your marks sent to us)

Program Selection (in order of preference)

1) Program ________________________ Length ______________ Start Date ________
2) Program ________________________ Length ______________ Start Date ________
3) Program ________________________ Length ______________ Start Date ________

Authorization

I certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application. I have read the Freedom of Information and Protection of Individual Privacy Statement (see below).

Signature _______________________________________

Date ___________________________________________
**Freedom of Information and Protection of Individual Privacy Act:** The information on this form is collected under the legal authority of the Ministry of Colleges and Universities Act, R.S.O. 1980, Chapter 272, S.S.,: R.R.O. 1980, Regulation 640. The information is used for administration and statistical purposes of Centennial College and/or the Ministries and Agencies of the Government of Ontario and the Government of Canada. For further information, please contact Enrolment Services, Centennial College, PO Box 631, Station A, Toronto, Ontario, Canada M1K 5E9.

**Have you attended school or college in Canada before?**

☐ Yes  ☐ No

If yes, please give the names of schools, addresses, programs and dates attended:

<table>
<thead>
<tr>
<th>School</th>
<th>Address</th>
<th>Program</th>
<th>Date Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________________________</td>
<td>___________________________</td>
<td>_______</td>
<td>______________</td>
</tr>
<tr>
<td>___________________________</td>
<td>___________________________</td>
<td>_______</td>
<td>______________</td>
</tr>
<tr>
<td>___________________________</td>
<td>___________________________</td>
<td>_______</td>
<td>______________</td>
</tr>
</tbody>
</table>

**Future Education and Career Goals**

If you are applying for English as a Second Language or English for Academic Purposes, do you plan to continue post-secondary study after your English course is completed?

☐ Yes  ☐ No

If yes, what programs interest you? ___________________________________________

Do you plan to complete a diploma program and go on to university?

☐ Yes  ☐ No

Are you planning to work in Canada for one year after graduation (as permitted by Immigration Canada)?

☐ Yes  ☐ No
Information Release

Pursuant to the Freedom and Protection of Individual Privacy Act, I hereby authorize Centennial College to release any and all information related to any and all aspects of my application for admission, acceptance, fees or program of studies to the person whose name and address appears below. I certify that the person named is my selected representative and has my agreement to access and use this information to assist me to successfully register and access programs at Centennial College.

I authorize information release to my contact in Canada:

Contact's Name __________________________________________________________

Contact's Address _________________________________________________________

Contact's Telephone
Area code __________   Number ____________________________________________

Phone _____________________________________

Fax _______________________________________

Signature of Applicant

__________________________________________________________________________

Date

__________________________________________________________________________