

# APPLICATION FOR SPECIAL PROGRAMS

Please complete and return to Enrolment Services, Centennial College, PO Box 631 Station A, Toronto, Ontario, Canada M1K 5E9.  
Next step: you'll soon receive acknowledgement in the mail and more information about the admission process.

## ABOUT YOURSELF

Social Insurance Number: \_\_\_|\_\_\_|\_\_\_| - \_\_\_|\_\_\_|\_\_\_| - \_\_\_|\_\_\_|\_\_\_|      Student Number: \_\_\_|\_\_\_|\_\_\_| - \_\_\_|\_\_\_|\_\_\_| - \_\_\_|\_\_\_|\_\_\_|

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Previous Last Name (If Changed): \_\_\_\_\_ Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: ( \_\_\_ ) \_\_\_\_\_ Business Telephone: ( \_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month Day Year

Canadian Citizen?    Yes    No   If no, specify country of citizenship \_\_\_\_\_

Permanent Resident (Landed Immigrant)    Student Authorization (Study Permit/Student Visa)

Other (Specify) \_\_\_\_\_

## BASIS FOR ADMISSION CONSIDERATION (Check one):

Secondary School Graduate or the equivalent (by first day of class)

Mature student (19 years or older by first day of class and less than secondary school diploma)

## APPRENTICESHIP CANDIDATES ONLY (Transportation)

If sponsored, name and address of employer or dealership: \_\_\_\_\_

Employer phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

## I WISH TO APPLY TO THE FOLLOWING PROGRAM(S)

Please supply program code as shown on reverse. You may only apply to a maximum of three programs.

PROGRAM CODE	PROGRAM NAME	START DATE YEAR/MONTH	PART-TIME/ FULL-TIME	PREVIOUS YEAR(S) APPLIED TO CENTENNIAL
1: _____	_____	_____	_____	_____
2: _____	_____	_____	_____	_____
3: _____	_____	_____	_____	_____

I hereby declare that the information submitted on this application 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). I authorize my secondary school and Ministry of Education to release my academic information and school records to Centennial College. I also authorize the release of this information to my secondary school and to the Ministry of Education.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

## FREEDOM OF INFORMATION AND PROTECTION OF INDIVIDUAL PRIVACY STATEMENT

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.5; R.R.O. 1980, Regulation 640. The information is used for administration and statistical purposes of the College and/or the Ministries and Agencies of the Government of Ontario and the Government of Canada. Any inquiries about this authorization may be directed to the Registrar, Centennial College.