

Please complete and return to:

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

Once your application form is received at the college, an acknowledgment will be issued to you with further information about the admissions process.

Please type or print clearly

Name _____

Last Name (Family Name, Surname)

First Name (Given Name)

Second Name

Date of Birth _____

Month

Day

Year

Female

Male

Country of Citizenship _____

Country of Residence _____

Are you applying from within Canada?

Yes, I am in Canada now

No, I am applying from outside Canada

Residence address

Street Number and Name _____ Apartment Number _____

City _____ Province / State _____ Country _____ Postal/Zip Code _____

Phone _____ Fax _____

Country Code

Area Code

Phone Number

Country Code

Area Code

Fax Number

E-mail _____

First Language

English

French

Other (Please specify) _____

Mailing address

(If different from residence address above)

Street Number and Name _____ Apartment Number _____

City _____ Province / State _____ Country _____ Postal/Zip Code _____

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

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

Please complete both sides of this form

04/11



Nigeria: Tel: +234(0)8182806653, +233(0)243353498.

Ghana: Tel: +233(0)243353498, +233 (0)231291516.

Email: adeyemi@elyoneduconsult.com

Web: www.elyoneduconsult.com

Please Complete Along With Application on Reverse

Name _____
Last Name (Family Name, Surname) First Name (Given Name) Second Name

Basis for Admission Consideration Secondary School Graduate or Equivalent College/University Studies
(Attach Original and Notarized Transcripts in English)

Language Proficiency

(Check the test you have taken and provide your score)

TOEFL Score _____
 IELTS Score _____
 MELAB Score _____

Program Choices

(Please list in order of preference)

Program Name	Program Number	Start Date (Year/Month)
1. _____		
2. _____		
3. _____		

Have you attended school or college in Canada before? Yes No
(If yes, please give names of schools, addresses and programs)

School Name and Address	Program Name	Date Attended

Information Release

Pursuant to the Freedom of Information 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 representative

Name _____
Address _____
Phone (including area code) _____ E-mail _____

Applicant Signature

Date

Please complete both sides of this form



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