

**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:

| School | Address | Program | Date Attended |
|--------|---------|---------|---------------|
| _____  | _____   | _____   | _____         |
| _____  | _____   | _____   | _____         |
| _____  | _____   | _____   | _____         |

**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

\_\_\_\_\_