

# Application for Readmission to a Full-time Program

**PLEASE PRINT** — INCOMPLETE OR INCORRECT INFORMATION WILL CAUSE DELAYS IN PROCESSING

Ms  Mr  Miss  Mrs

\_\_\_\_\_

**Last Name** **First Name** **Middle Name**

\_\_\_\_\_

**Previous Name(s)** (if applicable)

**Student #** \_\_\_\_\_ **Social Insurance Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

(required) YYYY/MM/DD

**E-mail Address** \_\_\_\_\_

**Current Mailing Address** \_\_\_\_\_

Apt # \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_ **Daytime Telephone #** \_\_\_\_\_

**Previously Used Mailing Address** (if applicable) \_\_\_\_\_

**Status in Canada**

Canadian Citizen  
or



**Country of Citizenship:**

PERMANENT RESIDENT (LANDED IMMIGRANT)  
 OTHER (PLEASE SPECIFY) \_\_\_\_\_

STUDENT AUTHORIZATION (STUDENT VISA)  
IF SPONSORED, NAME OF AGENCY: \_\_\_\_\_

**Full-time Registration**

A \$25 application fee is required for full-time programs.

PROGRAM SELECTION		PROGRAM LENGTH	TERM (i.e. Term 3)	START DATE YEAR/MONTH
1	PROGRAM (MAJOR) _____ CAMPUS _____			

**FREEDOM OF INFORMATION AND PROTECTION OF 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 the College and/or the Ministries and Agencies of the Government of Ontario and the Government of Canada. For further information, please contact the Registrar at the address and telephone number listed on this page.

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 Privacy Statement (see below). I authorize my secondary school and Ministry of Education to release my academic information and school record to the above-mentioned college. I also authorize the release of this information to my secondary school and to the Ministry of Training, Colleges and Universities. Please note that this form, once signed, will provide the Academic Authority to register students in the above courses and sections.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**For Office Use Only**

Application entered

Coordinator approved

Applicant informed

Invoice sent

Amount Paid \$ \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Method of Payment (for office use only)**

Cash (do not send cash in the mail)

Cheque

Money Order

MasterCard

Visa

American Express

**Credit Card #** \_\_\_\_\_ **Expiry Date** \_\_\_\_\_

**Cardholder Name (if different from student)** \_\_\_\_\_