



				FUK UFFI	CE USE UI	VLT							
Application #:			Student #:				Date Received:						
1. PERSONAL	INFORMATION												
Family Name	- CRIVIATION					Given Name(s)							
					'	Given Name(s)		1					
Date of Birth (Day/Month/Year)	Country of Bir			try of Birth			Gender		Male		Female		
Personal Email							Phone #						
Agent (if applicable)					Agent P	hone # / Email							
Contact person in					Contact person in								
home country		DDD566 (*				Canada							
	ANENT MAILING A	DDKE22 (I	n nome co	ountry)									
Street					ı		T =	1					
City				Country			Postal Code (PIN Code)						
• MAILIN	NG ADDRESS IN CA	NADA (if	applicable	2)	l.		(ı					
Street		-		-									
C:t.				Duestines			Postal Code						
City				Province			(PIN Code)						
2 DOSTSECON	IDARY DROCRAM	•											
2. POSTSECONDARY PROGRAMS Program Name Program Name							Program #	Start Date (Month / Year)					
First Choice	r rogram wante						Trogram n	3.0	are bate (i	nonen	, reary		
Second Choice													
Jan Feb.	GENERAL ARTS & SCIENCE – ENGLISH FOR ACADEMIC PURPOSES / ENGLISH AS A SECOI												
□ Jan Feb.	Feb.			□ Jui	☐ Jul Aug. ☐ Sept Oct.			ct. Nov Dec. Year:					
3. APPLICANT	CHECKLIST												
Application	sport	I S100 Application Fee I			Seat confirmation fee								
Form	(Photo page		(Non-refundable)				ndable only when study permit is denied)						
(Must pay upon receipt of Letter of Acceptance) Documents for post-secondary and post-graduate application only													
Translated and r	notarized transcrip	•	•			•	scores or English	Credit,	Ontario S	econd	ary		
secondary school	School Diploma (Grade 12)												
4 157750.05	ACCEPTANCE BAAL	INIC INICT	DUCTION /	/Dlassa salas									
4. LETTER OF ACCEPTANCE MAILING INSTRUCTION (Please select one only)													
☐ Mail to Internation	nal Address	Mail to Ad	ddress in C	Canada 🗆	Pick Up	☐ By email:							
5. SUBMISSIO	N												
Print, sign and confirm p		Submit the	e Applicatio	n Form with d	locuments	by email, in PDF fo	ormat, to: intered@	mohaw	kcollege.ca	. If payi	ng		
application fee by credit card, all documents must be faxed to 905-575-2362 for security reason. Copies are acceptable however originals may be required upon request. Additional details can be found at: http://www.mohawkcollege.ca/international/programs/admissions/apply.html													
request. Additional deta	iis can be round at. I	ccp.//www	onawkco	mege.cu/mten	nacionaly pr	ograms/ admission	15/ арргултин						
6. DECLARATION	ON / RELEASE OF I	NFORMA	ΓΙΟΝ										
I declare that the above information is true and complete. I understand that any false information submitted in support of my application may invalidate my application and result in withdrawal of a "Letter of Acceptance" and/or registration. This withdrawal may take place at any time during my enrolment and													
information will be giver			ptance and	uyor registratio	un. Triis Wit	.nurawai may take 	piace at any time	uuring m 	ıy eriroimei	ıı and			
Signature of Applicant:							Date:						
Freedom of Information and Protection of Privacy Act. The information on this form is collected under the legal authority of the Ministry of Education and Training,													
R.S.O., 1990, cM19:R.R.(. •			e and statistic	al purpose:	s. For further infor	mation, please cor	itact the	Registrar, I	√lohaw	k College,		

PLEASE CHECK PAYMENT INFORMATION ON THE BACK OF THIS FORM





1. APPLICANT / STUDENT INFORMATION												
Family Name				G	iiven Name(s)						
Date of Birth (Day/Month/Year)					Passport (if applicable							
Student # / Applicati (if applicati						1						
	1											
2. RECEIPT MAILING INSTRUCTION (Please select one only)												
☐ Attach to Letter of Acceptance ☐ Pickup ☐ By email:												
3. METHOD OF PAYMENT												
Certified Cheque Money Order Bank Draft												
Please make certified cheques, money orders, and bank drafts payable to Mohawk College and submit <u>in person</u> to Mohawk College Fennell Campus Room J107 or <u>mail</u> to 135 Fennell Avenue, P.O. Box 2034, Hamilton, ON, Canada L8N 3T2 (Attention: International Education Department, Room J107)												
UISA or MasterCard (by fax only: 905-575-2362)												
Card Number:		-			-			-				
Amount	Amount \$ Expiry Date: (Month / Year)					CV	D / Seci (ba	urity C ck of o				
Cardholder's Name:												
Signature of Cardhol	der:											