

FOR OFFICE USE ONLY		
Application #:	Student #:	Date Received:

1. PERSONAL INFORMATION					
Family Name			Given Name(s)		
Date of Birth (Day/Month/Year)	Country of Birth		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Personal Email			Phone #		
Agent (if applicable)			Agent Phone # / Email		
Contact person in home country			Contact person in Canada		
• PERMANENT MAILING ADDRESS (in home country)					
Street					
City	Country		Postal Code (PIN Code)		
• MAILING ADDRESS IN CANADA (if applicable)					
Street					
City	Province		Postal Code (PIN Code)		

2. POSTSECONDARY PROGRAMS						
	Program Name			Program #	Start Date (Month / Year)	
First Choice						
Second Choice						
• GENERAL ARTS & SCIENCE – ENGLISH FOR ACADEMIC PURPOSES / ENGLISH AS A SECOND LANGUAGE						
<input type="checkbox"/> Jan. - Feb.	<input type="checkbox"/> Mar. - Apr.	<input type="checkbox"/> May - Jun.	<input type="checkbox"/> Jul. - Aug.	<input type="checkbox"/> Sept. - Oct.	<input type="checkbox"/> Nov. - Dec.	Year: _____

3. APPLICANT CHECKLIST			
<input type="checkbox"/> Application Form	<input type="checkbox"/> Copy of Passport (Photo page)	<input type="checkbox"/> \$100 Application Fee (Non-refundable)	<input type="checkbox"/> \$1600 Seat confirmation fee (Refundable only when study permit is denied) (Must pay upon receipt of Letter of Acceptance)
• Documents for post-secondary and post-graduate application only			
<input type="checkbox"/> Translated and notarized transcripts and diploma(s) from senior secondary school and higher education		<input type="checkbox"/> IELTS or TOEFL scores or English Credit, Ontario Secondary School Diploma (Grade 12)	

4. LETTER OF ACCEPTANCE MAILING INSTRUCTION (Please select one only)			
<input type="checkbox"/> Mail to International Address	<input type="checkbox"/> Mail to Address in Canada	<input type="checkbox"/> Pick Up	<input type="checkbox"/> By email: _____

5. SUBMISSION
Print, sign and confirm payment information. Submit the Application Form with documents by email, in PDF format, to: <a href="mailto:intered@mohawkcollege.ca">intered@mohawkcollege.ca</a> . If paying 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: <a href="http://www.mohawkcollege.ca/international/programs/admissions/apply.html">http://www.mohawkcollege.ca/international/programs/admissions/apply.html</a>

6. DECLARATION / RELEASE OF INFORMATION
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 given to Canada Immigration.
Signature of Applicant: _____ Date: _____
<small>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.O 1980, Reg 770. It is used for administrative and statistical purposes. For further information, please contact the Registrar, Mohawk College, P.O. Box 2034, Hamilton, ON L8N 3T2 or <a href="http://www.mohawkcollege.ca">www.mohawkcollege.ca</a></small>

**PLEASE CHECK PAYMENT INFORMATION ON THE BACK OF THIS FORM**

