

# International Student Application Form



# Cambrian College of Applied Arts and Technology

1400 Barrydowne Road, Sudbury, Ontario, Canada P3A 3V8

INTERNATIONAL OFFICE P 705-566-8101 ext. 7841 F 705-560-9652 E [international@cambriancollege.ca](mailto:international@cambriancollege.ca)

## APPLICATION CHECKLIST

- Photo and Signature page(s) of Passport
- Notarized/Attested copies of all Secondary and Post-Secondary Transcripts & Diplomas

## PERSONAL INFORMATION

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss	Cambrian College ID: _____	<input type="checkbox"/> None
Last name:				Previous last name (if changed):	
First name:				Middle name:	
Date of birth (yy/mm/dd):				SPP Applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Citizenship:		Passport Number:		Student Permit Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## APPLICANT'S PERMANENT MAILING ADDRESS

Street Name and Number:			Apartment Number:		
City:	Province/State:	Country:	Postal Code:		
Phone Number:					
Personal Email:					

## ENGLISH SCORES (IELTS)

Overall Band Score		Listening		Reading		Writing		Speaking	
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## PROGRAM INFORMATION

Program Code	Program length	Semester	Start date (year/month)	Campus

## EMERGENCY CONTACT

Name:		Relation:		
Street Name and Number:				Apartment Number:
City:		Province/State:		
Country:		Postal Code:		
Phone Number:		E-mail address:		

## AGENCY INFORMATION (if applying through a registered agent of Cambrian College)

Agency:	Contact Person:	Email:
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## APPLICANT'S SIGNATURE

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. I **authorize Cambrian College to interact/exchange information with my agent with respect to my admission to Cambrian College.**

**FREEDOM OF INFORMATION AND PROTECTION OF INDIVIDUAL PRIVACY**  
- The information on this form is collected under the legal authority of the Ministry of Colleges and Universities Act, R.S.O. 1990, c.M.19, s.5.; R.R.O. 1990, Reg. 770. 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 of the College for which the application is being made at the address and telephone number on this page.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_