

Application/Registration Form



Cambridrian College of Applied Arts and Technology

1400 Barrydowne Road
Sudbury, Ontario, Canada P3A 3V8

SECTION A: Please type or print clearly in block letters

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss.		CITIZENSHIP: <input type="checkbox"/> Nationality:	
First (given) Name:		<input type="checkbox"/> Country of citizenship:	
Middle Name:		<input type="checkbox"/> Permanent Resident:	
Last (FAMILY) Name:		<input type="checkbox"/> Other (please specify):	
Previous Last Name (if changed):		<input type="checkbox"/> If sponsored, name agency:	
Date of birth (YYYY/MM/DD):		FIRST LANGUAGE: <input type="checkbox"/> English <input type="checkbox"/> French	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Hindi <input type="checkbox"/> Other:	

PERMANENT ADDRESS:

Street name and number: _____

Apt #: _____ City: _____

Province and country: _____ Zip code: _____

Telephone number (include country code & area code): _____ E-mail: _____

Business or cell telephone number: _____

ACADEMIC INFORMATION:

Are you or will you be a secondary school graduate by the first day of college? Yes No

Highschool transcript Attached To follow

College/Vocational transcript Attached To follow

University transcript Attached To follow

SECTION B: Specify the name of the program you are registering for:

PROGRAM NAME	Program Code	Semester/Year	Program Level	Section

I certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application/registration may invalidate my application/registration. I have read the Freedom of Information and Protection of Individual Privacy statement. I authorize my secondary school and Ministry of Education and Training 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 the Ministry of Education and Training.

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.

	Date		Date
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Visa/Mastercard/Amex No.: _____	Expiry Date: _____
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ADMISSION/REGISTRATION INFORMATION

This application/registration form is to be used for Cambrian College programs/courses only.

APPLICATION/REGISTRATION PROCEDURE

1. Make sure that all requested information is included and that you have signed the application/registration form.
2. You must include all pertinent documents (attested/official highschool transcripts equivalent to an Ontario Secondary School Diploma, any official/attested postsecondary transcripts, a copy of your birth certificate and/or passport verifying the legal spelling of your name, and a wallet-sized photograph) along with this form.

CONTACT INFORMATION

CAMBRIAN INTERNATIONAL

Tel: (705) 566-8101 ext 7841

Fax: (705) 560-9652

Web: www.cambriancollege.ca/international

E-mail: international@cambriancollege.ca

ADMISSIONS/OFFICE OF THE REGISTRAR

Tel: (705) 566-8101 ext 7503

Fax: (705) 524-7334

Web: www.cambriancollege.ca

E-mail: admissions@cambriancollege.ca