



INTERNATIONAL STUDENT APPLICATION FORM

Personal Information:			
Family Name:		Given Name (s):	
Male: <input type="checkbox"/>	Date of Birth: Year: Month: Day:	Citizenship:	
Female: <input type="checkbox"/>			
First Language:	Other:		
Current Status in Canada: Student Authorization/Student Visa: <input type="checkbox"/> Other: <input type="checkbox"/>			
Residence Address:			
Street Address:			
City:	Province/State:		
Country:	Postal Code (ZIP):		
Phone Numbers: Home ()		Other: ()	
Email Address:		Fax Number:()	
Mailing address in Canada: (if different from above)			
Street Address:			
City:	Province/State:		
Country:	Postal Code (ZIP):		
Phone Numbers: Home ()		Other: ()	
Email Address:		Fax Number:()	
Contact Person in Canada: (complete only if application is being submitted by someone in Canada on behalf of the applicant ex. recruiting agent)			
Name: _____		Address: _____	
Telephone: _____		E-mail Address: _____	
Academic Information:			
Post-Secondary Program (Please indicate two program choices and the term in which you wish to begin your studies)			
	Program Title:	Program Length:	Start Date (month/year)
1.			
2.			
3.			
Academic History:			
Have you previously applied to Loyalist College? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name of school most recently attended: _____ Are you or will you be a graduate by the first day of college?			
Secondary School Graduate Yes <input type="checkbox"/> No <input type="checkbox"/>		Secondary School Transcript: Attached <input type="checkbox"/> To follow <input type="checkbox"/> N/A <input type="checkbox"/>	
College Graduate Yes <input type="checkbox"/> No <input type="checkbox"/>		College Transcript: Attached <input type="checkbox"/> To follow <input type="checkbox"/> N/A <input type="checkbox"/>	
University Graduate Yes <input type="checkbox"/> No <input type="checkbox"/>		University Transcript: Attached <input type="checkbox"/> To follow <input type="checkbox"/> N/A <input type="checkbox"/>	
English Proficiency: (If English is not your first language, you must provide proof of English proficiency.)			
Score: TOEFL: _____ IELTS: _____ CAEL: _____ Other: _____ Attached <input type="checkbox"/> To follow <input type="checkbox"/> N/A <input type="checkbox"/>			
Test Completed: Date(D/M/YR): _____ Country: _____			
Procedure for Payment:			

please turn over to complete form

Please send your completed application form to: **International Centre**
Loyalist College
Wallbridge-Loyalist Road
P.O. Box 4200
Belleville, Ontario
Canada K8N 5B9

Fax: 1-613-969-0411 Email: international@loyalstc.on.ca

A non-refundable application fee of CAD \$150 must be sent with this form if you are applying for post-secondary programs. Bank Drafts made payable to Loyalist College. Personal Cheques are not accepted.

Methods of Payment: Bank Draft Money Order: Certified Cheque: Bank Transfer:
Visa: Mastercard: American Express:

If paying by Credit Card, please complete the following:

Card Number: _____ Expiry Date: _____

Name on Card: _____ Signature of Cardholder: _____

Feedback:

How did you learn about Loyalist College?

Recruiting Agency Educational Fair Advertisement School Counsellor Internet
Current College Students Friends Magazine/Publication Other: _____

Accommodations:

I will find my own accommodations:
I wish to live in Residence: Please send me Residence Information:
I need assistance with other housing arrangements: Please send me the Housing Assistance Form:
I will require Airport Pick-up Services: Please send me the Airport Service Form

IN CASE OF EMERGENCY: Please provide the name, address, telephone number, and relationship of the person who we may contact in the event of an emergency

Name: _____ Relationship: _____

Address: _____

Telephone Number: (Home) _____ (Work) _____ E-mail: _____

Declaration:

I declare 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 and result in the withdrawal by Loyalist College.

I authorize Loyalist College to obtain details to my academic record at the institutions listed previously in order to enable my application to be considered

Signature: _____ Date: _____
Student

Signature: _____ Date: _____
Parent/Guardian (if applicant is under 18 years of age)

Indicate where you wish to have your Letter of Acceptance sent:

Residence address (listed above) Mailing address (listed above)

FOR OFFICE USE ONLY:

International Evaluation: complete To be completed

Freedom of Information and Protection of Individual Privacy Act – The personal information on this application is collected under the authority of the Ministry of Colleges and Universities Act, R.S.O., 1980, c.M. 19s5. The information is collected for the purpose of statistical information within the college. Please note that Loyalist employees are not permitted to release information regarding any student to anyone other than the student him/herself. If you have any questions regarding the collection and use of this information, you may contact the Registrar of the College.

please turn over to complete form