

PERSONAL IDENTIFICATION			
Student ID number	Date of Birth (mm/dd/yyyy)	Email	
Last name (Family name) (Previous last name)		First name (Given name)	Middle name
Address		Home phone number	
City	Province	Postal code	Cell phone number

Male
 Female
 Other

First Language:
 English
 French
 Other (please specify) _____

Have you registered at Georgian prior to this term?
 Yes
 No

Status in Canada

Canadian Citizen
 Permanent Resident
 International Student

Basis for Admission Consideration (check one)

Secondary School graduate (by first day of class • transcripts required)
 College or University Transfer (transcripts required)
 Mature Student (19 years of age or older by first day of class and no secondary school diploma • arrange for testing)

A \$75 application fee is applicable

PROGRAM SELECTION		Program Length	Start date Year/Month
PROGRAM (MAJOR)	CAMPUS	<input type="checkbox"/> 1 year <input type="checkbox"/> 2 year <input type="checkbox"/> 3 year <input type="checkbox"/> 4 year	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer Year _____

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: Georgian College is compliant with the Freedom of Information and Protection of Privacy Act (FIPPA), 1990, and endeavors to treat your personal information in accordance with this law. The personal information requested on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and in accordance with Sections 38(2) and 41(1) of FIPPA. The information provided will not be used for any purposes other than the administration and evaluation for part-time studies admission.

For further information about the information requested on this form or the purpose for which it will be used, please contact the Office of the Registrar at Registrar@GeorgianCollege.ca or 705.722.1511; for more information about FIPPA, please contact the Access and Privacy office at AccessPrivacy@GeorgianCollege.ca or 705.728.1968 ext., 5770.

Signature of Applicant
Date(mm/dd/yyyy)

For Office Use Only

Application entered
 Coordinator approved
 Applicant informed
 Invoice sent

Amount Paid \$ _____ Signature _____ Date _____

Method of Payment: PREPAID CREDIT CARDS CANNOT BE PROCESSED FOR PAYMENT

Cash (do not send cash in the mail)
 Certified Cheque/Money Order
 MasterCard
 Visa
 American Express

Credit Card # _____ Expiry Date _____ / _____ CW _____
(3 digit number on back)