

International Student Application Form

Please complete all sections of the form.

PERSONAL INFORMATION

First/Given Name **Middle Name(s)** **Last/Family Name**

Maiden Name (if applicable) **Email Address** **Gender:** ☐ Male ☐ female

Full Mailing Address

P.O. Box	Apt./Unit	Street no.	Street name
City/Town:	Country:	Province/State:	Postal Code:

PASSPORT INFORMATION

Passport Number

Date of Issue

Date of Expiry

Country of Birth

Country of Citizenship

Date of Birth: ____/____/____
 DD MM YEAR

PROGRAM OF INTEREST

- ☐ Business Administration
- ☐ Conference And Event Planner
- ☐ Law Clerk
- ☐ Network Administrator
- ☐ Project Administration
- ☐ Medical Office Assistant
- ☐ Personal Support Worker
- ☐ Logistics and Supply Chain Operations

Other Program: _____

AGENT INFORMATION

Do you want all your communication be sent to your agent?

☐ Yes ☐ No ☐ Not applicable

Company/Agent Name: _____

INTAKE

More information about program start dates will be confirmed when your form is submitted.

Is English your first language? ☐ Yes ☐ No **If NO**, have you taken any English tests (IELTS/ TOEFL) ☐ Yes ☐ No

Test Name: _____ Score: _____

Signature of Applicant: _____ Date: _____

For more information, please contact:

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