

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

- 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:

Academy of Learning College

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