

# 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
- Paralegal
- Law Clerk
- Network Administrator
- Project Administration
- Medical Office Assistant
- Personal Support Workers
- 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

September Intake

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

1255 Bay Street, Suite 600, Toronto, Ontario, Canada M5R 2A9

**Tel. No.: 416-969-8845 Fax: 416-969-9372**

**Website: [www.aoltoronto.com](http://www.aoltoronto.com)**

**Email: [info@aoltoronto.com](mailto:info@aoltoronto.com)**