



# Collège Canada

## Admission Request Year 2016

PERMIS : 693550

Title Mr. <input type="checkbox"/>		Mrs. <input type="checkbox"/>		Student Number :	
Last Name :			First Name :		
Birth date:			Foreign Student :		
Email :					
Permanent Code :			Social Security Number :		
Address :					
City :		State :	Country :		Postal Code :
Tel :			Cellular :		
Last and First Name of father (even if deceased) :					
Last and First Name of mother (even if deceased) :					
Mother tongue:			Language spoken at home :		

**Language : French**

**Postgraduate programs: Accredited by the Ministry of Higher Education, Research, Science and Technology**

- AEC in Database Administration (12 months)
- AEC in Business Administration and Commerce (18 months)
- AEC in Techniques of education in the childhood (18 months)
- AEC in Residential Real Estate Broker (6 months)

Session :       Autumn     Summer  Winter      Year : \_\_\_\_\_ Start Date : \_\_\_\_\_

- The admission fees and registration are \$250.

**Trainings:**

<b>Last school attended</b>				
<input type="checkbox"/> Secondary <input type="checkbox"/> Post Secondary <input type="checkbox"/> University				
Institution	Diploma Obtain	Option	Year Issued	Study Duration

Please attach copies of your diplomas and transcripts to this form



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### **Professional Experience**

Mention your past professional experience

1<sup>st</sup> Employment

<b><u>Enterprise Name</u></b>	<b><u>Title</u></b>	<b><u>City or State</u></b>	<b><u>Duration</u></b>
<b><u>Main duties</u></b>			

2<sup>nd</sup> Employment

<b><u>Enterprise Name</u></b>	<b><u>Title</u></b>	<b><u>City or State</u></b>	<b><u>Duration</u></b>
<b><u>Main duties</u></b>			

Please attach a copy of your curriculum vitae to this form

### **Signature :**

I confirm by signing this form that the information contained is true and accurate. Any inaccurate or false information could compromise my admission to the program. I also confirm, by my signature, I request my admission to the AEC program. I allow education persons in charge of Canada College to use the personal information contained in this form to check my previous studies and work experience, to assess my eligibility.

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_