ST CLAIR COLLEGE – APPLICATION FORM

APPLICANT INFORMATION

First Name:	Last Name:	Previous Last Name:
Title: Mr. Mrs. Miss. Ms. *(please circle)*	Gender:	Date of birth *(MM/DD/YYYY):*

Current address:		
City:	Prov:	Postal Code:
Home Phone:	Cell Phone:	SIN:
Email Address:		

CITIZENSHIP INFORMATION

Country of Citizenship:	Status in Canada:
Has either of your parents/guardian attended a University/College? :	

Aboriginal Ancestry:	Country of Birth:	First Language:

HIGH SCHOOL - EDUCATION INFORMATION

Last High School Attended:	City & Province:
OEN : _ _ _ - _ _ _ - _ _ _	Are you a High School Graduate: YES or NO *(please circle)*
Attended High School From :	Attended High School To :

POST SECONDARY – EDUCATION INFORMATION

College or University Attended:		
City:	Attended From Date:	Attended To Date:
Major or Program of Study:		
Credential Received:		Student Number:

College or University Attended:		
City:	Attended From Date:	Attended To Date:
Major or Program of Study:		
Credential Received:		Student Number:

SPONSORSHIP INFORMATION

Name of Sponsoring Agency:		
Contact Name:		
Phone:	E-mail:	Fax:
File Number:		Case Number:

PROGRAM CHOICES

Program Code:	Campus	Level
Program Name:		Start Date:

SIGNATURES

Signature of applicant:	Date: