



6333 Decarie Boulevard
Montreal (QC) H3W 3E1
P: (514) 731-2296
F: (514) 731-6348

PERSONAL INFORMATION

Name at Birth: _____ Date of Birth: ____/____/____ (YYYY/MM/DD)
First Name: _____ Last Name: _____ Sex: M F
Mother Tongue: Fr En Other _____
Language Spoken: Fr En Other _____
Occupation: Work Study Other _____
Social Insurance Number (SIN): _____ - _____ - _____
Permanent Code: _____

CONTACT INFORMATION

Address: _____ Apt: _____
City: _____ Prvince: _____ Postal Code: _____
Telephone: (home) _____ (work) _____ (cell) _____
Email: _____

OTHER INFORMATION

Legal status of residence in Canada:

- Canadian citizen - Canadian Canadian Intuit Canadian Ameriadian
Other - Diplomatic Visa Refugee Temporary Work Permit Permanent Resident Student Visa Other (specify): _____

Country of origin (if other than Canadian): _____
Country of birth: _____ City of birth: _____
Father's Family Name: _____ Father's Given Name: _____
Mother's Family Name: _____ Mother's Given Name: _____



ACADEMIC BACKGROUND

Are you registered for courses at the secondary level? Yes No

Do you have a high school diploma? Yes No

NOTE: If yes, attach a copy of your transcript and diploma

Have you ever taken courses at the collegial level? Yes No

Are you currently registered for courses at the collegial level? Yes No

Do you have a collegial diploma? Yes No

NOTE: If yes, attach a copy of your transcript and diploma

Have you ever taken courses at the university level? Yes No

Are you currently registered for courses at the university level? Yes No

Do you have a University degree? Yes No

NOTE: If yes, attach a copy of your transcript and diploma

ADMISSION REQUEST

Program Title: _____ Program Code: _____

Semester: Fall Winter Year: 20 _____

I hereby declare that the above information given is correct. I authorize the College or his substitute to verify the documents included. I also authorize the Ministere de l'Education to forward to the college or his substitute a copy of my school results (marks).

Candidate's Signature: _____ Date: ____ / ____ / ____ (YYYY/MM/DD)