



## INTERNATIONAL STUDENT APPLICATION FORM

### Personal Details (Name MUST be as it appears on Passport)

Gender:  Male  Female  Undeclared Date of Birth (DD/MM/YYYY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Family Name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Address in Home country:

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_ Home Country Telephone Number: \_\_\_\_\_

Address in Canada (If in Canada): \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

### Agent OR Representative Information

Are you using an Agent or Someone else as a representative for this application?  Yes  No

If Yes, please provide following information: Agent / Representative Name: \_\_\_\_\_

Agent/Agency ID#(if applicable): \_\_\_\_\_ Email Address: \_\_\_\_\_

### Education qualification

Highest Academic Qualification Completed: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Is English your first language?  Yes  No If NO, have you taken any English Tests (i.e., IELTS, TOEFL, CAEL)  Yes  No

Name of English Test Taken: \_\_\_\_\_ English Test Score: \_\_\_\_\_ Date Test Taken: \_\_\_\_\_

### Postsecondary Program (Please Choose the program you are interested in)

Program Name	Program Duration	Pre-Requisite	Preferred Start Month
<input type="checkbox"/> Diploma of Business Administration	52 Weeks	N/A	
<input type="checkbox"/> Advanced Diploma of Business Administration	28 Weeks	Diploma of Business Administration	
<input type="checkbox"/> Diploma of Business Management	34 Weeks	N/A	
<input type="checkbox"/> Advanced Diploma of Business Management	36 Weeks	Diploma of Business Management	

### Declaration

#### IN SIGNING THIS APPLICATION FOR ENROLMENT:

I declare that the information contained in this application is true and valid. I authorize Canadian National Institute of Business to release and obtain information related to study permit from Citizenship and Immigration Canada. I have read and understood the terms and conditions of Enrolment, and the Postsecondary Program information that I am seeking admission into.

I understand that it is mandatory to inform the college about any change in my personal information within 7 days of occurring that includes phone number, email address and mailing address. I have the financial capacity to meet tuition fees and agree to pay fees as they become due.

Signature of Applicant: \_\_\_\_\_ Date (DD/MM/YYYY): \_\_\_\_\_

### Document Checklist: Please submit the following applicable documents:

Completed and Signed "International Students Application Form

English Language Test Result Sheet

Certified copies of Academic Qualification/s

For documents not in English, certified Translated copies

Non-Refundable Application Fee