

# International Student Application Form

Please complete all sections of the form. **PRINT CLEARLY**



Academy of Learning

C A R E E R C O L L E G E

**KINGSTON, ONTARIO CAMPUS**

## PERSONAL INFORMATION

First/Given Name

Middle Name(s)

Last/Family Name

Phone Number

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

## AGENT INFORMATION

Are you working with an agent?

Yes  No  Not applicable

Company/Agent Name: \_\_\_\_\_

Agent E-mail: \_\_\_\_\_

Agent Phone #: \_\_\_\_\_

Is English your first language/mother tongue?  Yes  No

If **NO**, have you taken any English proficiency tests? (IELTS or equivalent)  Yes  No

If **YES**, Test Name: \_\_\_\_\_

Score: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

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

## DIPLOMA PROGRAM OF INTEREST

Registered with the Ontario Ministry of Advanced Education

- Business Accounting
- Business Administration
- Project Administration
- Marketing Coordinator
- Medical Office Administration
- International Hospitality Management
- Sales Professional
- Conference and Event Planner
- Web Design
- Network Administrator
- Computer Service Technician
- PC Support Specialist

## EXPECTED START DATE

DD / MM / YEAR

**For more Information please contact:**

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