

BIRMINGHAM INTERNATIONAL COLLEGE OF CANADA
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This form is to be used by students who wish to take ESL/Ontario Secondary School credit courses at BICC.

APPLICATION FORM

1. PERSONAL D	ETAILS							
Title:			Date of Birth				ATTACH PHOTO HERE	
Family name:			DD / MM / YY			′	(Optional)	
First name:			Gender: □ □					
Other names:			Male Female					
2. CONTACT DE	TAILS							
Email Address:			Home telephone number:			Vork/mobi	le telephone number:	
				-			-	
My residential add	ress		My mailing address(if different from my residential address)					
City: Province:			(City: Pr			nce:	
Country: Post code:			(Country: Pos			code:	
3. IMMIGRATION	N STATUS OF APPLICAN	Т						
☐ Citizen ☐ Permanent Resident ☐ Temporary Resident ☐ Student Visa ☐ Other, detail:								
4. ACADEMIC B	ACKGROUND	-						
Date	Institute					Documentation		
						Attached	☐ To Follow	
						Attached	☐ To Follow	
						Attached	☐ To Follow	
						Attached	☐ To Follow	
5. PROPOSED C	COURSES							
Term Applying								
Grade			Grade			Course Title		
6. DOCUMENTA	RY EVIDENCE AND SUP	PORTING INFO	ORM <i>A</i>	ATION				
Please ensure the following documentation is attached to your application, the application will not be processed without required documents.								
□ Certified copy of the your academic record from your previous institution □ Copy of your Immigration documents								
7. STUDENT DE	CLARATION							
	mation entered above is correct an my academic record from any school							
a Student Visa by the Ca	anadian Authority. If I am accepted	as a student at BICC	C, I her	eby agree to abide by all the	rules and reg	gulations of t	ne College. BICC collects,	
	al information only for the purposes ot be disclosed to third parties witho							
Signature:				Date: / /				
		OFFI	ICE (JSE ONLY				
Copy of Immigration	on documents received date:	1 1					Official Stamp	
Other supporting of	locuments received date:	1 1				_		
Remark:								
I HAVE CONSIDE	RED THIS APPLICATION AN	D I RECOMMENI	D THA	T THE APPLICATION B	E			
APPROVED								
REJECTED		Officer to sign	1:			Date:	/ /	