



## APPLICATION FORM

**ATTACH PHOTO HERE**  
(Optional)

### 1. PERSONAL DETAILS

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Other:	<b>Date of Birth</b>
Family name:	MM DD YY
First name:	<b>Gender:</b> <input type="checkbox"/> <input type="checkbox"/>
Other names:	Male Female

### 2. CONTACT DETAILS

<b>Email Address:</b>	<b>Home telephone number:</b>	<b>Work/mobile telephone number:</b>
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<b>My residential address</b>	<b>My mailing address(if different from my residential address)</b>
City: Province:	City: Province:
Country: Post code:	Country: Post code:

### 3. IMMIGRATION STATUS OF APPLICANT

Citizen  Permanent Resident  Temporary Resident  Student Visa  Other, detail:

### 4. ACADEMIC BACKGROUND

Date	Institute	Documentation	
		<input type="checkbox"/> Attached	<input type="checkbox"/> To Follow
		<input type="checkbox"/> Attached	<input type="checkbox"/> To Follow
		<input type="checkbox"/> Attached	<input type="checkbox"/> To Follow
		<input type="checkbox"/> Attached	<input type="checkbox"/> To Follow

### 5. PROPOSED COURSES

<b>Term Applying</b>	<input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall	<b>Year:</b>
<b>Grade</b>	<b>Course Title</b>	<b>Grade</b>
		<b>Course Title</b>

### 6. DOCUMENTARY EVIDENCE AND SUPPORTING INFORMATION

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 DECLARATION

I hereby certify that information entered above is correct and complete. I understand that false information will invalidate this application. I authorise the College to obtain information concerning my academic record from any school, university or other institution attended by me. I am aware that tuition fees will be refunded ONLY if I am refused a Student Visa by the Canadian Authority. If I am accepted as a student at BICC, I hereby agree to abide by all the rules and regulations of the College. BICC collects, stores and uses personal information only for the purposes of administering student and prospective student admissions, enrolment and education. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements.

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

OFFICE USE ONLY	
Copy of Immigration documents received date: ____ / ____ / ____	<b>Official Stamp</b>
Other supporting documents received date: ____ / ____ / ____	
<b>Remark:</b>	
I HAVE CONSIDERED THIS APPLICATION AND I RECOMMEND THAT THE APPLICATION BE	
<input type="checkbox"/> APPROVED	<b>Officer to sign:</b> _____ <b>Date:</b> ____ / ____ / ____
<input type="checkbox"/> REJECTED	