BIRMINGHAM INTERNATIONAL COLLEGIATE OF CANADA
1400 - 5255 Yonge Street, North York, Ontario Canada M2N 6P4
Tel: 416-481-8866 Fax: 416-481-3511 Email: info@bicc-edu.com Web:www.bicc-edu.com

APPLICATION FORM

ATTACH PHOTO HERE
(Optional)

1. PERSONAL DETAILS

Title: ❒ Mr ❒ Miss ❒ Ms ❒ Mrs ❒ Other:	**Date of Birth** MM DD YY
Family name:	**Gender:** ❒ Male ❒ Female
First name:	
Other names:	

2. CONTACT DETAILS

Email Address:	**Home telephone number:**	**Work/mobile telephone number:**

My residential address		**My mailing address(if different from my residential address)**	
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
		❒ Attached ❒ To Follow
		❒ Attached ❒ To Follow
		❒ Attached ❒ To Follow
		❒ Attached ❒ To Follow

5. PROPOSED COURSES

Term Applying	❒ **Winter** ❒ **Spring** ❒ **Summer** ❒ **Fall**		**Year:**
Grade	**Course Title**	**Grade**	**Course Title**

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: / /	**Official Stamp**
Other supporting documents received date: / /	
Remark:	

I HAVE CONSIDERED THIS APPLICATION AND I RECOMMEND THAT THE APPLICATION BE

❒ APPROVED	**Officer to sign:**	**Date:** / /
❒ REJECTED		