

Student Application Form

Personal Information			
Full Name		Date Of Birth (DD/MM/YY)	
Gender		Country Of Residence	
Nationality		Passport Number (If Applicable)	
Date of Expiry of Passport			

Permanent Address in Home Country			
Street Number & Apartment Number (If Applicable)			
City		Province	
		Postal Code	
Primary Phone Number		Alternate Phone Number	
Email Address			

Mailing Address If Different from Above			
Street Number & Apartment Number (If Applicable)			
City		Province	
		Postal Code	
Primary Phone Number		Alternate Phone Number	
Email Address			

Emergency Contact			
Full Name		Relationship	
Street Number & Apartment Number (If Applicable)			
City		Province	
		Postal Code	
Primary Phone Number		Alternate Phone Number	
Email Address		Country of Residence	

Previous Education / Qualification	
Do you have an Ontario Secondary School Diploma or Equivalent? (Grade 12)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you successfully completed any of the qualifications listed below?	<input type="checkbox"/> Yes – Indicate below <input type="checkbox"/> No – Go to Next Question
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Bachelor's degree or Equivalent Year Completed _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Postgraduate Year Completed _____ </div> </div> <input type="checkbox"/> Diplomas/Certificates (Please Specify) _____ Year Completed _____	

Program Selection		
Programs	Duration (In Weeks)	Practicum/Project Hours
<input type="checkbox"/> Business Administration	120	320
<input type="checkbox"/> Early Childcare Assistant	38	490
<input type="checkbox"/> Hospitality and Tourism Management	58	360
<input type="checkbox"/> International Business Management	58	120
<input type="checkbox"/> Personal Support Worker (Full Time)	31	310
<input type="checkbox"/> Personal Support Worker (Part Time)	33	310
<input type="checkbox"/> Medical Office Administration	41	215
<input type="checkbox"/> Web Design and Development	47	100
<input type="checkbox"/> Postgraduate Diploma in Network & Cloud Systems Engineer	58	210
<input type="checkbox"/> Postgraduate in Project Management	36	60

Intake Year	<input type="checkbox"/> 2022	<input type="checkbox"/> 2023	<input type="checkbox"/> 2024	<input type="checkbox"/> 2025		
Intake Month	<input type="checkbox"/> JAN	<input type="checkbox"/> FEB	<input type="checkbox"/> MAR	<input type="checkbox"/> APR	<input type="checkbox"/> MAY	<input type="checkbox"/> JUN
	<input type="checkbox"/> JUL	<input type="checkbox"/> AUG	<input type="checkbox"/> SEP	<input type="checkbox"/> OCT	<input type="checkbox"/> NOV	<input type="checkbox"/> DEC

*Have you enclosed the required documents?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
English proficiency test report	<input type="checkbox"/> PTE <input type="checkbox"/> TOEFL <input type="checkbox"/> IELTS <input type="checkbox"/> Other _____		
Write the individual score below:			
Reading		Writing	
		Listening	
		Speaking	

Medical Insurance Status	
Do you hold any medical insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want college to organize the medical insurance for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No (I will arrange it myself before my arrival) <input type="checkbox"/> Not Applicable (I have an OHIP card)
If YES, please specify your cover status	<input type="checkbox"/> Single <input type="checkbox"/> Family

How Did You Hear About Central College of Business & Technology?						
<input type="checkbox"/> Agent	<input type="checkbox"/> Our website	<input type="checkbox"/> Internet	<input type="checkbox"/> Newspaper / Magazine	<input type="checkbox"/> Relative / Friend	<input type="checkbox"/> Others	

Payment Information

Payment can be made by Bank Draft, Certified Cheque, Credit Card, (Visa, Master Card, American Express) or Bank Transfer.

By Credit Card

Credit Card Information: Visa Master Card American Express Other _____

Card Number: _____ Expiration Date (MM/YY): _____ / _____

Cardholder's Name (as it appears in your card): _____ CVC _____

Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize _____ to charge my credit card above for agreed upon fee & expenses. I understand that my information will be saved to file for future transactions on my account.

Cardholder's Signature: _____

Date: _____

Bank Transfer Information

Beneficiary Name: 2330655 Ontario Inc. O/A Central College of Business & Technology

Bank: TD Canada Trust Bank | **Account No.:** 5292130 | **Bank No.:** 004 | **Transit No.:** 00872

Swift Code: TDOMCATTOR

Bank Address: 1800 Sheppard Ave E, Willowdale, ON M2J 5A7, Ontario, Canada | **Tel:** 1.416 491-0567

Student Declaration and Consent

1. I declare that the information I have provided to the best of my knowledge is true and correct.
2. I authorize the Central College of Business & Technology to verify any information I have provided on this form and to obtain official records and confirm details from a previous educational institution attended by me listed on this form.
3. I have been provided with Pre-enrolment information including Course Description, Admission Requirements, a copy of the Student Handbook (hard copy or electronic).

Student Name: _____

Student Signature: _____

Date: ____/____/____

QUESTIONS?

Write, Call, or Email us.

By Regular Mail

Central College of Business & Technology

1140 Burnhamthorpe Road West, Suite 201
Mississauga, Ontario L5C 4E9

By Phone/Email

Tel: (905) 566 0507
(437) 260 5070

Email: info@central.college.ca

Agent Declaration

I have assessed the applicant as a Genuine Temporary Entrant and a Genuine Student, confirmation that studying the program indicated in their application is their primary purpose for coming to Canada and that they fully understand their obligation as a Canadian student visa holder. I believe that the applicant is academically qualified for the program they have applied for and has, or will have, the English proficiency level required to commence the program.

I have verified to the best of my ability the authenticity of documents supplied with this application. I am satisfied that the applicant has genuine access to the total funds required, while in Canada, to cover all tuition costs, return airfare, overseas health cover and living expenses for themselves and any dependents.

Agent Stamp/Signature: _____

Agency Name: _____

Date: ____/____/____

Requirements & Additional Information

1. Complete the Student Application Form.
2. Send the completed Enrolment form with the following documents: *
 - Passport
 - Copy of current Student Visa (if applicable)
 - English translated credentials from highest level of education
 - English proficiency documents e.g., IELTS Test certificate or equivalent (if applicable)
 - Completion certificate of qualifications completed and work experience details (if applicable)
3. Central College of Business & Technology will notify students after receiving the application whether they have been accepted or not. If accepted, students will receive a Conditional Letter of Acceptance (CLOA).
4. To proceed with the enrolment, students will have to accept a Conditional Letter of Acceptance (CLOA) & sign the student enrolment form.
5. The letter of acceptance (LOA) will be issued upon acceptance of (CLOA) and receipt of the student enrolment form.