

# INTERNATIONAL STUDENT APPLICATION FORM

Office use only: SLC ID # \_\_\_\_\_

<b>PERSONAL INFORMATION</b>				
<input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: Year: _____ Month: _____ Day: _____ Nationality: _____				
Family Name: _____		Given Name (s): _____		
Mailing Address	Street Number and name: _____			
	City: _____	Province/State: _____		
	Country: _____	Postal Code: _____		
Phone Numbers: Home ( _____ )		(Work) _____		
E-Mail: _____		Fax Number: ( _____ )		
First Language: _____	Other: _____	Country of Origin: _____		
<b>Contract Person in Canada</b> (complete only if application is being submitted by someone in Canada on behalf of the applicant)				
Name: Venky Subramaniam Visions Canada	Telephone: (905) 507-8915	E-mail: venky@visionscanada.ca info@visionscanada.ca		
<b>FEEDBACK</b>				
How did you learn about St. Lawrence College?				
<input type="checkbox"/> St. Lawrence College Staff	<input type="checkbox"/> School Counselor	<input type="checkbox"/> Current College Students		
<input type="checkbox"/> Alpha College promotion	<input type="checkbox"/> Friends	<input type="checkbox"/> World Wide Web (Internet)		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Recruitment Fair	<input checked="" type="checkbox"/> Other - Alpha College Authorized agent		
<b>PROGRAMME</b>				
<b>English for Academic Purposes (EAP) Programme</b>		Are you applying for EAP Programme? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<input type="checkbox"/> 14 Weeks	<input type="checkbox"/> 28 Weeks	Start Date _____ / _____ / _____		
<input type="checkbox"/> 42 Weeks	<input type="checkbox"/> ___ Weeks	Year      Month      Day		
<b>Post Secondary Programme</b> (Which programme are you applying to?)				
PROGRAMME CODE (IF Known)	PROGRAMME TITLE/CAMPUS	PROGRAMME LENGTH	START DATE	
1.K1080			Month	Year
2.			Month	Year
3.			Month	Year

**OFFICE USE ONLY:**

ICAS: \_\_\_\_\_  
 Application Fee: \_\_\_\_\_  
 English: \_\_\_\_\_  
 LOA SENT: \_\_\_\_\_

**ACADEMIC RECORD**

Name of last school attended: \_\_\_\_\_

Highest Level Passed: \_\_\_\_\_

**English Level Testing (Test date must be within the past two years):**

St. Lawrence College, English for Academic Purposes, LEVEL COMPLETED \_\_\_\_\_

Queen's School of English, LEVEL COMPLETED \_\_\_\_\_

Language Test Score (if available): TOEFL: \_\_\_\_\_ IELTS: \_\_\_\_\_ CAEL: \_\_\_\_\_ STEP/EIKEN: \_\_\_\_\_

Test Completed: Date: \_\_\_\_\_ Country: \_\_\_\_\_

Other English Assessment: \_\_\_\_\_

**NOTE: Your most recent high-school, college or university transcript and English Testing Scores must accompany your application for Post-Secondary programmes.****ACCOMMODATION**

I would like to apply for:  Homestay  I will arrange for my own accommodation  
 Residence  I need assistance with other housing arrangements

**PROCEDURES FOR PAYMENT**

Please send your completed application form to:

**International Admissions  
 St. Lawrence College  
 @ Alpha International Academy  
 3405 Kennedy Rd, 2<sup>nd</sup> Floor  
 Scarborough, Ontario  
 M1V 4Y3, Canada**

Fax: 416-640-1330

Email: admissions@slc-alpha.ca

A non-refundable application fee of CAD\$200 must be sent with this form if you are applying for post-secondary studies. Make drafts payable to **St. Lawrence Alpha Campus**.

Methods of Payment (check one):

VISA  MASTER CARD  Bank Draft/Money Order  Other

If paying by VISA or MASTER CARD, please complete the following:

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name on Card (print): \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_

**DECLARATION**

I declare the above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application and result in the withdrawal by St. Lawrence College of a place which may be offered and that this withdrawal may take place any time in my enrolment.

I authorize Alpha International Academy/St. Lawrence College to obtain details to my academic record at the institutions listed previously in order to enable my application to be considered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Applicant

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent / guardian/Canadian Contact Person  
 (if applicant is under 18 years of age)



**St. Lawrence College**

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