

University/College Service Application Form

PERSONAL INFORMATION: (Please print clearly and answer all questions)

First (Given) Name: _____ Last (Family) Name: _____

Date of Birth: Day: _____ Month: _____ Year: _____ Male Female

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Tel.: _____ E-Mail Address: _____

Country of Citizenship: _____ Native Language: _____

PROGRAM: (Please indicate the program to which you seek admission)

TYPE Undergraduate Graduate

INSTITUTION Name of University/College _____

PROGRAM CHOICE 1st choice _____ 2nd choice _____

START DATE September January May Other: _____

EDUCATION HISTORY: (List all college/university/high school you have attended or are currently attending)

| Institution | Province (Country, if outside Canada) | START DATE | | END DATE | | Degree/ Diploma | Degree Status (received OR in progress) |
|-------------|---|---------------|------|----------|------|--------------------|--|
| | | Month | Year | Month | Year | | |
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APPLICATION FEE

Undergraduate application fee **\$500**
Graduate application fee **\$1200**

Indicate your method of payment for the non-refundable application fee. The fee must be received before your application can be proceeded. Credit Card Email money transfer

For payment made by credit card, please provide credit card information:

Card Type: Visa Master Card Total Amount: \$ _____

Card Number: _____ Expiry Date: ____/____(M/Y)

Cardholder Name: _____ Cardholder Signature: _____

For payment by email money transfer:

Email address: pay@alcc.ca Message: full name, date of birth

