

Sault College Application for Admission International Students



Mr Miss Mrs Ms

LEGAL FIRST NAME MIDDLE NAME LEGAL LAST NAME DATE OF BIRTH
 First Language English French Other

STREET APT #

CITY PROVINCE/STATE COUNTRY POSTCODE/ZIP CODE
 () ()

HOME TELEPHONE NUMBER CELL/MOBILE TELEPHONE NUMBER EMAIL ADDRESS
 Preferred Method Of Correspondence Email Surface Mail

Citizenship

COUNTRY OF CITIZENSHIP COUNTRY OF BIRTH
 Status in Canada (Check One) Canadian Citizen Aboriginal Ancestry Student Visa Landed Immigrant

Education

HIGHSCHOOL NAME SECONDARY SCHOOL GRADUATION DATE

COLLEGE/UNIVERSITY NAME (IF APPLICABLE) POST-SECONDARY GRADUATION DATE(S)

English Requirement

Recognized English test (IELTS, TOEFL, other) To register in ESL program
 Three (3) years of full-time instruction in English (documentation required)

Program Choices

1	SAULT COLLEGE	PROGRAM CODE	PROGRAM TITLE	START DATE
2	SAULT COLLEGE	PROGRAM CODE	PROGRAM TITLE	START DATE
3	SAULT COLLEGE	PROGRAM CODE	PROGRAM TITLE	START DATE

Are you or will you be a high school graduate or have earned a high school equivalency by the first day of college? Yes No

Freedom of Information and Protection of Individual Privacy

THE INFORMATION ON THIS FORM IS COLLECTED UNDER THE LEGAL AUTHORITY OF THE ONTARIO COLLEGES OF APPLIED ARTS AND TECHNOLOGY ACT, 2002, ONTARIO REGULATION 34/04. THE INFORMATION IS USED FOR ADMINISTRATIVE AND STATISTICAL PURPOSES OF THE COLLEGE AND/OR THE MINISTRIES AND AGENCIES OF THE GOVERNMENT OF ONTARIO AND THE GOVERNMENT OF CANADA. FOR FURTHER INFORMATION, PLEASE CONTACT THE REGISTRAR, SAULT COLLEGE, P.O. BOX 60, SAULT STE. MARIE, ONTARIO, P5A 5L3.

I declare that the above application 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 withdrawal by Sault College of an offer and that this withdrawal may also happen at any time during my enrollment.

I hereby authorize Sault College to obtain any details regarding my academic record at the institution in order to evaluate my application.

I also authorize Sault College to release application information, Letter of Admission, transcripts, progress and attendance records, as may be requested by my parents, agents, or sponsor.

I, the applicant, agree to the Freedom of Information Statement _____
 DATE