



CENTRAL COLLEGE – ESL PROGRAM

APPLICATION FOR ADMISSION

PERSONAL INFORMATION

Name: Mr. Mrs. Ms. _____ Date of Birth: ____ / ____ / ____
Surname (Family) First Middle (day/month/year)

Telephone Number: ____ - ____ - ____ Fax Number: ____ - ____
(Country code) (Area code) (Telephone number) E-mail: _____

Mailing address: _____
 Home address: _____
 Address in Canada: _____
 (if applicable)
 Status in Canada: Study Permit Work Permit Working Holiday Visitor Visa Other (Specify) _____

PROGRAM INFORMATION

Applying Program

Full-Time Intensive (30 lessons/wk) Full-Time (24 lessons/wk) Part-Time A.M. Part-Time P.M.

Start Date: _____ Duration: _____

ACADEMIC INFORMATION

Self-evaluated English Level: Beginner Intermediate Advanced Not Provided

Official English Test:	Yes: What Test?	Score	When	No
<input type="checkbox"/>				<input type="checkbox"/>

Do you plan to take any career program at CC? Yes: When _____ No Reason _____

ADDITIONAL INFORMATION

Do you need homestay? Yes No Do you need airport pick-up? Yes No

How did you hear about Central College? Friend/Relative Advertisement Web search Agency Other: _____

Signature _____ Date _____

Please send or fax your signed application form with application fee to:

Central College – School of ESL
 200-60 8th St. New Westminster, BC Canada V3M 3P1
 Tel: 604-523-2388 Fax: 604-523-2389
www.centralcollege.ca info@centralcollege.ca

OFFICE OF ADMISSIONS & RECORDS

