

**PERSONAL INFORMATION** (PLEASE PRINT ALL ANSWERS AS CLEARLY AS POSSIBLE)

<b>1</b> Family Name		<b>2</b> Given Name	
<b>3</b> Date of Birth (YYYY/MM/DD)		<b>4</b> Student ID Number	
<b>5</b> Student's Full Mailing Address			
PO Box	Apt / Unit	Street No.	Street name
City/Town	Country	Province /State	Postal Code
<b>6</b> Email		<b>7</b> Contact Telephone Number	
<b>8</b> First Language	Second Language	<b>9</b> Citizenship	
<b>10</b> International English Language Test			
<b>Test</b>	<b>Score</b>	<b>Date Taken</b>	
IELTS			
TOEFL			
<b>11</b> Employment History			
<b>Employer Name</b>	<b>Duration</b>	<b>Position</b>	

**PREVIOUS EDUCATION ACHIEVEMENT**

Specify certificate, diplomas, degrees and major subjects completed at High School, College and University	Date Completed

**Declaration:** I declare the above information to be true and complete. I understand that any false information submitted in support of my application may result in the rejection of my application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Authorization:** Under the "Freedom of Information and Protection of Privacy Act, 1987", I recognize that the information on this form is collected under the legal authority of the "College and Universities Act", (R.S.O. 1980, C. 272, s5: R.R.O. 1980, Reg. 640). I authorize this information to be used by Nordic College of Business and Technology for the purpose of making admission and registration decisions. Nordic College of Business and Technology may also use this information for the administrative and statistical purposes of St. Clair College, the Government of the Province of Ontario, or the Government of Canada. I also authorize Nordic College of Business and Technology to solicit and receive information and communications regarding my visa application and case file with the appropriate immigration Canada officials.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date