

INTERNATIONAL EDUCATION APPLICATION FORM – AGENT USE

Step 1: Print out this form

Step 2: Complete the form with the required information

Step 3: Scan the completed application form along with certified true copies of the student's documents and email to interapp@centennialcollege.ca

(Required Documents may include: High school and/or college/university transcripts/marksheets, English Proficiency scores, certificates, diploma, degree, passport picture page. Any non-academic requirements for your program can also be sent by email (if possible), such as Portfolio, drawings, etc. Disks, memory sticks, books will have to be mailed. Please see the admission requirements tab on the program outline to determine program requirements.)

Personal details (Name must be as it appears on your passport) *Required fields		
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms.		
*Family Name:	*First Name:	Second Name:
*Date of Birth: (YYYY/MM/DD)	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
*Address:		
City:	Postal Code/Zip:	Country:
Passport #:	*Country of Citizenship:	
Phone:	Email Address:	
Agent Information		
Agency Name/Number: Academplux	Agent email address: info@academplux.com	
Agent address: Partizanski av., 14, Minsk 220069, Belarus		
Program Choice (choose in order of preference)		
Start Date:	Program Name:	Code:
Start Date:	Program Name:	Code:
Start Date:	Program Name:	Code:
Academic Information		
Have you taken an English Proficiency test (ex. IELTS, TOEFL): <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which one did you take:	Test score:

Mailing Address: P.O Box 631, Station A, Toronto, Ontario, Canada M1K 5E9 T 416-289-5393 F 416-289-5352.

Email: interapp@centennialcollege.ca **Main Email:** international@centennialcollege.ca

Courier Address: 941 Progress Avenue, Room C2-07, Toronto, Ontario, Canada M1G 3T8

Authorization

I certify that 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. I have read the Freedom of Information and Protection of Individual Privacy Statement (see below).

Signature:

Information Release

Pursuant to the Freedom and Protection of Individual Privacy Act, I hereby authorize Centennial College to release any information related to any and all aspects of my application for admission, acceptance, fees or program of studies to the person whose name and address appears below. I certify that the Agent named is my selected representative and has my agreement to access and use this information to assist me to successfully register and access programs at Centennial College.

Signature:

Date:

FREEDOM OF INFORMATION AND PROTECTION OF INDIVIDUAL PRIVACY : The information on this form is collected under the legal authority of the Ministry of Colleges and Universities Act, R.S.O. 1980, Chapter 272, S.S.; R.R.O. 1980, Regulation 640. The information is used for administration and statistical purposes of Centennial College and/or the Ministries and Agencies of the Government of Ontario and the Government of Canada. For further information, please contact Enrolment Services, Centennial College, PO Box 631, Station A, Toronto, Ontario, Canada M1K 5E9.

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