



INTERNATIONAL STUDENT APPLICATION FORM – ONTARIO COLLEGES

APPLICATION REFERS TO THE ACADEMIC YEAR

20..... / 20.....

Please complete this form clearly in block letters and return by email, together with supporting documentation to your chosen institute/s on or before 31st May

1. APPLICATION PROCEDURE

This application form must be completed by students applying to study at one of the Irish Institutes of Technology under the Nov 2011 agreement between Colleges Ontario and Technological Higher Education Association (THEA). Instruction at all Institutes is through English and proficiency is required for all programmes.

An application will only be processed on receipt of the documentation listed below:

1. This application form completed in detail
2. Final grades or transcripts certified by school authorities
3. Photocopy of passport or birth certificate.

It is the applicant's responsibility to see that all the above documents are submitted before 31st May for entry to programmes commencing in September each year.

Please note:

Tuition fees for non-EU students are payable for each year of study. The tuition fee is €8,500 per academic year.

2. PROGRAM DETAILS

Institute of Technology, title of program and point of entry for the program you wish to join, in order of preference.

Institute Name	Program Title:	*Year/Semester
1.
2.
3.

3. STUDENT'S PERSONAL DETAILS

Mr./Ms./Mrs. (Delete as appropriate)

Family name: First name(s):

Date of birth: (day/month/year)...../...../..... Place of birth:

Gender: Nationality:

Home address: Address for correspondence (if different):

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Home Tel.: Tel.:.....

Mobile Tel:

E-mail:

Next of Kin:

Address:.....

Tel.:

E-mail:

4. POST SECONDARY EDUCATION

Please enter details of post secondary programs you are attending/have attended.

Name and Address of Institution	Programme of Study	Subjects and Final Grades	Dates	
			From:	To:

Overall Average (%) in Final Year
(if not available at date of application please forward by closing date – May 31st.)

5. ANY FURTHER INFORMATION RELEVANT TO THE APPLICATION

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6. ACADEMIC CONTACT DETAILS (for reference purposes)

COLLEGE NAME:.....

CONTACT PERSON:

ADDRESS:

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TELEPHONE:.....

E MAIL ADDRESS.....

7. DECLARATION

I certify that the information given is accurate and complete. If my application is accepted, I undertake to observe the Institute's regulations and to ensure payment of fees and other liabilities.

Student signature: Date:

OFFICE USE ONLY

The above-mentioned student is:

() accepted at our institution

() provisionally accepted at our institution, subject to

.....
.....

() not accepted at our institution

Signed: Head of School/Department

.....

Date:

Date of acknowledgement: Date Offer Made:

Date Offer Accepted: Date Fees Paid: