



General Application Form

Effective until August 31, 2007

UBridge College Student ID #

Programs and Courses at UBridge College

New and inactive students must complete this form to apply for admission to UBridge College.

General Information (Please Print Clearly)

PLEASE COMPLETE ALL SECTIONS.

Name:	_____	Former Name:	_____
	Surname First Name Middle Name	(if applicable)	
Alias/Nickname: (if applicable)	_____	Home Phone:	() _____
Mailing Name: (if different than above)	_____	Work Phone:	() _____
Mailing Address:	_____	Cell phone:	() _____
	_____	Fax Number:	() _____
City/Town:	_____	E-mail Address:	_____
Prov./State:	_____		
Country:	_____	Date of Birth:	Day Month Year
Postal/Zip Code:	_____	(Date of Birth data is used to confirm accurate student identification for students in collaborative programs.)	

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
(Optional) Are you a person with a disability?	<input type="checkbox"/> Yes (please explain) _____	
	<input type="checkbox"/> No _____	
Current occupation:	<input type="checkbox"/> Full-time student	<input type="checkbox"/> Employed as (job title): _____
Citizenship:	<input type="checkbox"/> Canadian citizen	<input type="checkbox"/> Other (Country of citizenship): _____
	<i>If Other:</i> <input type="checkbox"/> Study authorization / permit	<input type="checkbox"/> Permanent resident / Landed immigrant
Please attach to this form a legible photocopy of the relevant document.		
Level of education completed (check all that apply):	<input type="checkbox"/> High School diploma	<input type="checkbox"/> College, Vocational School, or Technical Institute diploma / certificate
	<input type="checkbox"/> Some university	<input type="checkbox"/> University degree

Admission to a program at UBridge College – Please select one Program

<input type="checkbox"/> ELP (English Language Program)	<input type="checkbox"/> University Preparation
<input type="checkbox"/> TOEFL – iBT / IELTS Preparation	<input type="checkbox"/> High School Preparation
<input type="checkbox"/> PEC (Professional English Communication)	<input type="checkbox"/> Part-time Course(s): _____
<input type="checkbox"/> Academic Upgrading: _____	<input type="checkbox"/> Personalized Program: _____
Period of Study	
Start Date: Day _____ Month _____ Year _____	Completion Date: Day _____ Month _____ Year _____

