



COQUITLAM COLLEGE

Established 1982

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Application for Admission

COQUITLAM COLLEGE

FAMILY NAME _____ SEX M F

FIRST NAME _____ DATE OF BIRTH (D/M/Y) _____

CITIZENSHIP _____ STUDY PERMIT? YES NO

COUNTRY OF BIRTH _____ CHECK HERE IF HOMESTAY REQUIRED

LAST SCHOOL ATTENDED _____

ADDRESS _____ CITY _____

_____ COUNTRY _____

PROVINCE / STATE _____ POSTAL / ZIP CODE _____

TEL # _____ PARENT TEL # _____

EMAIL _____ PARENT EMAIL _____

PARENT FAMILY NAME _____

PROGRAM CHOICE

- University Transfer Program
- Associate Of Arts Degree
- Senior High School
- English Studies Certificate Program

SEMESTER OF FIRST ENROLMENT

- Spring Semester (January To April)
- Summer Semester (May To July)
- Fall Semester (September To December)

PARENT CONSENT FORM

At Coquitlam College we feel that extra-curricular activities are an important part of the College's programs and that all students benefit greatly by participating in them.

I give my permission to my son/daughter to participate in the following activities.

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Golf | <input type="checkbox"/> Snowshoeing |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Hiking | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Whale Watching |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Ice-Skating | <input type="checkbox"/> Water Sports |
| <input type="checkbox"/> Field Trip | <input type="checkbox"/> Skiing | |
| <input type="checkbox"/> Floor Hockey | <input type="checkbox"/> Snowboarding | |

SIGNATURE OF PARENT OR GUARDIAN

DATE (D/M/Y) _____

IT IS MANDATORY THAT ALL STUDENTS HAVE VALID MEDICAL INSURANCE

REQUIRED ENCLOSURES WITH THIS APPLICATION (unless otherwise stated in program pamphlet)

- APPLICATION FEE OF C\$125 (non-refundable)
- VISA MasterCard Card Number _____
- Expiry Date _____ Name On Card _____
- YOUR OFFICIAL TRANSCRIPTS
- ONE PASSPORT SIZE PHOTO
- YOUR TOEFL OR IELTS SCORE, IF AVAILABLE

I declare that the information in this application is complete and correct.

DATE (D/M/Y) _____ SIGNATURE _____

How did you hear about Coquitlam College? _____