



COQUITLAM COLLEGE

Established 1982

Tel: 604 939 6633

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Email: admissions@coquitlamcollege.com

Application for Admission

Student Number: _____

FAMILY NAME _____ SEX M F

FIRST NAME _____ DATE OF BIRTH (DD/MMM/YY) _____

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 (REQUIRED) _____ 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.

Check the box beside any activity you do NOT want your son/daughter to participate in.

- | | | |
|---------------------------------------|---|---|
| <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 (DD/MMM/YY) _____

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\$200 (non-refundable)
- VISA MasterCard Card Number _____
- Expiry Date _____ Name On Card _____
- OFFICIAL TRANSCRIPT(S)
- ONE PASSPORT SIZE PHOTO
- TOEFL OR IELTS SCORE, IF AVAILABLE

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

DATE (DD/MMM/YY) _____ SIGNATURE _____

How did you hear about Coquitlam College? _____

COQUITLAM COLLEGE