



# SPRINGFIELD COLLEGE

*of Healthcare, Management & Technology*

19 -1 Bartley Bull Pkwy, Brampton, ON L6W3T7, CANADA

## INTERNATIONAL STUDENT APPLICATION FORM

### SECTION A: PERSONAL INFORMATION

Name of Student ( Mr./ Miss/ Mrs./ Ms.) \_\_\_\_\_

Male     Female                      Date of Birth (DD/MM/YYYY) \_\_\_\_\_

Native Language: \_\_\_\_\_ Nationality: \_\_\_\_\_

Passport #: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_

How did you find out about our College?     Ads     Friends     Website     Agent: \_\_\_\_\_

### SECTION B: ACADEMIC HISTORY

Education: \_\_\_\_\_ Program of Study: \_\_\_\_\_

High School     Diploma/Degree     Masters     Other Post-secondary

### SECTION C: CHOICE OF PROGRAM OF STUDY AT SPRINGFIELD COLLEGE, BRAMPTON

Choice One: \_\_\_\_\_ Choice Two: \_\_\_\_\_

Choice Three: \_\_\_\_\_

Desired Start Month and Year: (MM, YYYY) \_\_\_\_\_

**DECLARATION:** I affirm and certify that all the information and answers to questions herein are complete, true and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any facts called for in the application may render this application void and will be cause for termination from the program, whenever discovered.

Signed by Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_

Name & Address of Witness: \_\_\_\_\_

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OFFICE USE ONLY: STUDENT ID #: (Leave blank)