



COLLEGE

Of Business, Health & Technology

CLI COLLEGE INTERNATIONAL STUDENT APPLICATION FORM

GENERAL INFORMATION

(Please complete all sections in English – PLEASE PRINT CLEARLY)

Student's Family Name: \_\_\_\_\_

Student's Given Name: \_\_\_\_\_

Student's English Name (if any): \_\_\_\_\_

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

Sex [ ] Male [ ] Female

Date of Birth Day \_\_\_\_ Month \_\_\_\_ Year

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Person

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

INSTITUTIONAL INFORMATION

Institution Name: CLI College of Business, Health & Technology

Campus: Toronto Ontario

Name of Contact: Kaydene Carter

Position: Campus Administrator

Telephone: 416 709 4092/416 747 5152 ext 103

Email: [kcarter@clicollege.ca](mailto:kcarter@clicollege.ca)

Website: [www.clicollege.ca](http://www.clicollege.ca)

Alternative Contact: Jadia Johnson - Fowler

Position: Administrative Assistant

Telephone: 416 747 5152 ext 102

Email: [jfowler@clicollege.ca](mailto:jfowler@clicollege.ca)

PASSPORT AND VISA INFORMATION

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

Date of Issue: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_

Country of Issue: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Student Visa Number: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_

Date of Admittance to Canada: \_\_\_\_\_

HOMESTAY/ APARTMENT INFORMATION:

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

PROGRAM INFORMATION:

Academic Status: Full-time Level of Study: Post-Secondary

Field/Program of Study: \_\_\_\_\_

Hours of Instruction per week: Exchange program:

Type of Training Program: [ ] Vocational [ ] Academic [ ] Professional Other: \_\_\_\_\_

Language of Instruction: English Method of Instruction: Instructor-led

Internship/ Clinical: [ ] Yes [ ] No Length: \_\_\_\_\_ Field of Work: \_\_\_\_\_

Length of Program (YYYY/MM/DD) Start Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ End Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

ADDITIONAL INFORMATION

Please tell us how you found out about our programs:

- [ ] Friend or Family [ ] Education Fair [ ] newspaper or Magazine [ ] Canadian Embassy/Consulate

The institution or anyone representing the institution will not retain or withhold a student's passport or visa documentation under any circumstance.



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