



Program Information

Preferred Program of Study:

Student Information

Title: Mr. Ms. Mrs. Dr.

Legal Surname/Family

Name: _____

First Name: _____ Middle/Other Name: _____

Mailing Address: _____

City: _____ Province/State: _____

Country: _____ Postal Code: _____

* All university/college correspondence will be sent to the provided address above. Please notify our team of any changes to ensure all documentation is for the correct address.

Phone: (country code)(area code) _____

Email Address: _____

Biographical Information

Date of Birth (YYYY/MM/DD): _____ Gender: Male Female Other

Citizenship: Canadian Other (Specify): _____

If "other" Canadian Residency or Visa Status:

Permanent Resident Refugee Student Via/Study Permit Other/Unsure

If "other/unsure" please specify: _____

Country of Origin: _____

Previous Education

BC PEN (Personal Education Number) leave blank if unsure: _____

Secondary School/High School AND Post-Secondary (e.g. College, University) Information:

List all the schools, colleges, universities, and other secondary and post-secondary institutions you are currently or have previously attended.

* Transcripts will be request by each university/college to ensure a credential was completed at an institution. Students may also be required to submit documents to confirm graduation.

Previous Secondary & Post Secondary Institutions:	Province/Country:	Dates Attended:		Last Grade/Level Completed:	Credential Awarded or date of expected graduation:
		From:	To:		
		Click or tap to enter a date.	Click or tap to enter a date.		
		Click or tap to enter a date.	Click or tap to enter a date.		
		Click or tap to enter a date.	Click or tap to enter a date.		
		Click or tap to enter a date.	Click or tap to enter a date.		

Have you ever been required to withdraw for academic reasons or been expelled from another institution?

No Yes (specify reason):

Do you have any professional designation? (e.g. CPA, CA, CGA, CMA, CHRP, etc.)

No Yes (specify):

Employment Information (Optional):

Position Title: _____

Employer/Company Name: _____

Country: _____ Dates of Employment: _____ to _____

Job Status: Full-time OR Part-time AND Temporary OR Permanent

Declaration

I hereby declare that:

- The information I have submitted in this application for potential admission is true, correct, and complete to the best of my knowledge
- I understand that the submission of any false statements or documents will result in potential of my application being inadmissible to any Canadian Education Institution
- I understand that the completion of this application permits SWIFT Connect and its representatives to request and/or confirm any information necessary to support my application to assist with my admission
- I understand that the submission of this application, hereby grants permission to SWIFT Connect and its representatives to act on my behalf throughout the application process with any Canadian Education Institution