

## Application Form of Admission

### A. Basic Information

Last Name		First Name		English Name		Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth : (mm-dd-yyyy)		Phone Number:		Email:				
Address:		City:		Province:		Postcode:		
Highest Education Level:		Date of Graduate : (mm-dd-yyyy)		Profession:				
Name of institute of graduate:								
Employer Name								
English Language Proficiency	<input type="checkbox"/> TOEFL	<input type="checkbox"/> IELTS	<input type="checkbox"/> Other: _____	Score:		Year:		
Passport No.:		Expiry Date (mm-dd-yyyy):						

### B. Information of Contact Person or Agency

Agency Name:								
Tel.:		Fax:		Email:				
Mailing Address:								

### C: Program

Degree:	<input type="checkbox"/> Master	<input type="checkbox"/> Bachelor	Duration	<input type="checkbox"/> 1y	<input type="checkbox"/> 2y	<input type="checkbox"/> 3y	<input type="checkbox"/> 4y	Credit Transfer:	<input type="checkbox"/> yes	<input type="checkbox"/> No
	<input type="checkbox"/> Diploma									
Major:										
Do you apply for International Centre for EAP at Cape Breton University:	<input type="checkbox"/> yes <input type="checkbox"/> No									
Expected Starting Time:	201____,	<input type="checkbox"/> January	<input type="checkbox"/> March	<input type="checkbox"/> May	<input type="checkbox"/> July	<input type="checkbox"/> September	<input type="checkbox"/> November			

### D: Application Fee

Please wire transfer application fee of CAD\$200 to following account.	
Name : International Centre for English for Academic Preparation	
Name of Bank: BMO bank of Montreal	
Bank address: 173 Charlotte Street Sydney, NS B1P 1C4	
Account No. :00193 001 1052689	
Transit No. 00193	
SWIFT CODE: BOFMCAM2	

Signature: \_\_\_\_\_ ; Date: \_\_\_\_\_

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