



Applicant Information

Family Name: _____ Given Name: _____
 Address: _____
 City: _____ Province: _____ Country: _____ Postal Code: _____
 Telephone: _____ Cell Phone: _____ Email: _____
 Date of Birth (D/M/Y): _____ Age: _____ Country of Birth: _____ Gender: Male Female
 Nationality: _____ Country of Residence: _____ Passport Issued by: _____

Applicant's Educational Background

Last Secondary School Attended:							
Address of School:							
Beginning Date:		Ending Date:		Form/ Sec/ Grade Completed:			
Certificate or Diploma Obtained(if any):		<input type="checkbox"/> 'O' Level	<input type="checkbox"/> 'A' Level	<input type="checkbox"/> HKCE	<input type="checkbox"/> SPM	<input type="checkbox"/> Unified Exam	<input type="checkbox"/> Other:
English Language Proficiency Examination results(if any):		<input type="checkbox"/> TOEFL:		<input type="checkbox"/> Michigan Test:		Other (specify):	

I wish to begin my studies at Columbia International College

Level:	<input type="checkbox"/> Grade 7	<input type="checkbox"/> Grade 8	<input type="checkbox"/> Grade 9	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Grade 12/Pre-U			
Start:	<input type="checkbox"/> August	<input type="checkbox"/> September (G7 & 8 only)	<input type="checkbox"/> October	<input type="checkbox"/> January	<input type="checkbox"/> March	<input type="checkbox"/> May	<input type="checkbox"/> July	Year:	20_____

Future Field of Study:	<input type="checkbox"/> University degree	<input type="checkbox"/> College degree	<input type="checkbox"/> Other	Pre-U courses Required	
<input type="checkbox"/> Engineering	<input type="checkbox"/> Genetics / Biology	<input type="checkbox"/> Pharmacy (U.K.)	<input type="checkbox"/> Computer	<input type="checkbox"/> Other Sciences	English, 2 Math, 2 Sciences
<input type="checkbox"/> Business / Commerce	<input type="checkbox"/> Other				English, 1 or 2 Math
<input type="checkbox"/> Social Science	<input type="checkbox"/> Other				English, 1 Math
<input type="checkbox"/> Humanities	<input type="checkbox"/> Other				English

Date: _____ Applicant's Signature: _____
 Signature of Parent or Guardian (if applicant is under 18 years of age): _____