



IBT COLLEGE

Business • Travel & Tourism • Technology

50 St. Clair Ave. East, 4th Floor, Toronto, ON M4T 1M9 Tel: 416.963.1211 Fax: 416.963.4316 Email: info@ibtcollege.com

ADMISSIONS FORM

(All fields must be filled out)

PERSONAL INFORMATION (According to passport)			
First Name:		Surname:	
Date of Birth (yyyy/mm/dd):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
E-mail address:			
Current Address:			
City:	Province:	Country:	Postal Code:
Phone Number:		Country of Citizenship:	
Current Status in Canada: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student Visa <input type="checkbox"/> Visitor Visa <input type="checkbox"/> No status yet			
PROGRAM			
Program of interest:			
Preferred start date: (Month-YY)		Preferred Schedule: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	
ADMISISON REQUIREMENTS & ELIGIBILITY			
Do you have a <u>Canadian</u> high school diploma or a <u>Canadian</u> post-secondary education Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What's your current level of English: <input type="checkbox"/> Native <input type="checkbox"/> B2 or above, on CEFR scale (or equivalent on other testing system) <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic <input type="checkbox"/> I can communicate in English but I've never taken any standard test.			
Do you have any <u>non-Canadian</u> post-secondary education diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No In what field?			
ABOUT YOUR APPLICATION PROCESS			
How did you hear about IBT College: <input type="checkbox"/> Website <input type="checkbox"/> Social Media (Facebook, LinkedIn, Google+) <input type="checkbox"/> Friend <input type="checkbox"/> Agency <input type="checkbox"/> Other			
If agency, please specify:		If other, please specify:	
Is this the first time you submit an application to IBT College? <input type="checkbox"/> Yes <input type="checkbox"/> No			

I hereby certify that all information provided is true and complete, including any attachments, and I agree that my application may be rejected if I have falsified this application in any way, had anyone else complete it, or failed to provide all relevant information.

I authorize the agency described above to process my application to study at IBT College on my behalf and I authorized IBT College to submit my admission documents to such agency.

Applicants Signature _____

Date of submission _____

This form remains the property of IBT College and is only used for admissions purposes.