

# Apprenticeship Application for Admission



## Personal Information

Student Number _____	Apprentice Client ID _____	Date of Birth ____/____/____ DD MM YY
_____ Surname	_____ First Name	_____ Middle Initial
_____ Address		_____ Apt #
_____ City	_____ Province	_____ Postal Code
_____ Home Phone	_____ Alternate	_____ Ext.
Business <input type="checkbox"/> Cell <input type="checkbox"/> (Pls. check)		

## Ministry Information

Program Name: _____
Level: Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> (Pls. check) Start date: _____
Ministry of Education & Training Class Number (MET#): _____

## Student Authorization

<b>I CERTIFY THAT THE INFORMATION HEREIN IS TRUE AND COMPLETE AND AUTHORIZE PAYMENT BY:</b>		
FAX TO: Apprenticeship Registration: 416.415.4289		
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Certified Cheque <input type="checkbox"/> Money Order (No personal cheques)		
_____/_____/_____ Card Number	Expiry Date: ____/____ MM YY	
_____ Cardholder Name (Print)	_____ Signature	_____ Date

## Academic Department Authorization (if required)

<b>I VERIFY THAT THE ABOVE APPLICANT HAS MET ALL ACADEMIC REQUIREMENTS FOR ADMISSION</b>		
_____ Name (Print)	_____ Signature	_____ Date

### FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

The personal information on this form is collected under the legal authority of the Ontario College of Applied Arts and Technology Act 2002. The information is used for the administrative and statistical purposes of the College including but not limited to, Admissions, Registration and maintaining records, as well as Awards and Scholarships; Alumni and College Foundation administration functions and/or the Ministries or Agencies of the Government of Ontario and the Government of Canada. This information is being collected under Section 39 (2) and Section 42 of the Freedom of Information and Privacy Act of Ontario. If you have any questions or concerns related to the Freedom of Information and Privacy please contact the FOI Coordinator for the College at 416-415-5000 ext. 4646

Office of the Registrar  
January 2007

Registered and Paid   
Confirmed with ASA   
(To be completed by ASA representative)

Date:  
Date: