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 □ Cell □ (Pls. check)

Ministry Information

Program Name: _____

Level: Basic □ Intermediate □ Advanced □ (Pls. check) Start date: _____

Ministry of Education & Training Class Number **(MET#)**: _____

Student Authorization

I CERTIFY THAT THE INFORMATION HEREIN IS TRUE AND COMPLETE AND AUTHORIZE PAYMENT BY:

FAX TO: Apprenticeship Registration:416.415.4289

□ Visa □ MasterCard □ Amex □ Certified Cheque □ Money Order

(No personal cheques)

__ __ __ __/ __ __ __ __/ __ __ __ __/ __ __ __ __ **Expiry Date: ___/___**

Card Number **MM YY**

_____ **Cardholder Name (Print)** _____ **Signature** _____ **Date**

Academic Department Authorization **(if required)**

I VERIFY THAT THE ABOVE APPLICANT HAS MET ALL ACADEMIC REQUIREMENTS FOR ADMISSION

_____ **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 Infomatio 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 □ Date:

Confirmed with ASA □ Date:

(To be completed by ASA representative)