

Camosun College International Admissions 3100 Foul Bay Road Victoria BC Canada V8P 5J2 Tel: +1-250-370-3681 Fax: +1-250-370-3689 Email: <u>internationalapplications@camosun.ca</u> Web: <u>www.camosun.ca/international</u>



International Applicant Declaration (mandatory)

Fill out the Applicant Declaration form below. Type all information. Print off and sign it. The student's signature MUST match the signature on the passport.

Education Planner BC application number			
Family Name	Given Name(s)		
Date of Birth (mm/dd/yy)/	Email		
Country of Citizenship	Country of Residence		

- 1. I, the Applicant, declare that all information contained on my Education Planner BC application #______ for admission is true and complete.
- 2. I agree to abide by the rules, regulations and policies of Camosun College.
- 3. I understand the application fee is non-refundable, is required from all applicants to a program and the application will not be processed until this fee is received.
- 4. I understand and agree that acceptance of this application in no way guarantees admission to the program or course and that this application is subject to the availability of seats. I understand and agree the College reserves the right to modify or cancel any program or course without notice or prejudice.

Signature	of A	pplicant	
Signature	0171	ppncunc_	

Date _____

Education Consultant Information (if applicable)

<u>If applicable</u>, fill out the Education Consultant Information form below. The student's signature MUST match the signature on the passport.

Camosun works with a number of qualified education consultants abroad who provide education counselling services to international students.

Hiring an education consultant to apply to Camosun is your choice. Please check the box if you choose to appoint an education consultant.

My education consultant has permission to conduct student-related business on my behalf

for the following length of time (mm/dd/yy) ____/ ___ to ____/ ____.

Company Name	Consultant ID		Contact Name
Address		City	
Province/District/State	Country Postal/Zip Code		e
Phone	Email		

Signature of Applicant _____

Date _____