CANADORE
college.ca

Student Application   **Date:** [_____]

Aboriginal Partner Information

Aboriginal Institute: [_____]   Campus: [_____]

Applicant Information

Full Name: [_____] [_____] [_____]   D.O.B: [_____]
                 Last   *First*   *M.I.*   *DD-MM--YY*

Address: [_____]   [_____]
          Street Address   *Apartment/Unit #*

[_____]   [_____]   [_____]
          City   *Province*   *Postal Code*

Phone: [_____]   Email [_____]

                                     Male   Female   Other

SIN: [_____]   Gender: ☐   ☐   ☐

                               Inuit   Metis

Aboriginal Decent: [_____]   ☐   ☐   Other: [_____]
   First Nation (please specify)

Program Name: [_____]   Semester: [_____]

            Y   N

Returning Student: ☐   ☐   Student Number: [_____]

Payment Information

Funding Type: OSAP ☐   Sponsored ☐   Other [_____]

Admission Type (Office Use Only)

Transcript ☐   MST ☐   GED ☐   Other: [_____]