# Application for re-admission for full-time study

| PERSONAL IDENTIFICATION | | |
|---|---|---|
| Student ID number | Date of Birth (mm/dd/yyyy) | Email |
| Last name (Family name) (Previous last name) | First name (Given name) | Middle name |
| Address | Home phone number (10 digits) | |
| City Province Postal code | Cell phone number (10 digits) | |

☐ Male ☐ Female ☐ Other

First Language: ☐ English ☐ French ☐ Other (please specify)_____

Have you registered at Georgian prior to this term? ☐ Yes ☐ No

**Status in Canada**

☐ Canadian Citizen ☐ Permanent Resident ☐ International Student ☐ Refugee

**Basis for Admission Consideration** (check one)

☐ Secondary School graduate (by first day of class • transcripts required)

☐ College or University Transfer (transcripts required)

☐ Mature Student (19 years of age or older by first day of class and no secondary school diploma • arrange for testing)

**A $75 application fee is applicable**

| PROGRAM SELECTION | | Campus | Semester (i.e. 3) | Start date Year/Month |
|---|---|---|---|---|
| Current Program code (if applicable) | Program title (if applicable) | | | ☐ Fall<br>☐ Winter<br>☐ Summer<br>Year_____ |
| New Program code | Program title | | | ☐ Fall<br>☐ Winter<br>☐ Summer<br>Year_____ |

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT:** Georgian College is compliant with the Freedom of Information and Protection of Privacy Act (FIPPA), 1990, and endeavors to treat your personal information in accordance with this law. The personal information requested on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and in accordance with Sections 38(2) and 41(1) of FIPPA. The information provided will not be used for any purposes other than the administration and evaluation for full-time studies admission.

For further information about the information requested on this form or the purpose for which it will be used, please contact the Office of the Registrar at Registrar@GeorgianCollege.ca or 705.722.1511; for more information about FIPPA, please contact the Access and Privacy office at AccessPrivacy@GeorgianCollege.ca or 705.728.1968 ext., 5770.

_____ _____

Signature of Applicant Date(mm/dd/yyyy)

**For Office Use Only**

☐ Application entered ☐ Coordinator approved ☐ Applicant informed ☐ Invoice sent

Amount Paid $ _____ Signature _____ Date _____

Method of Payment: **Pay at your BANK**

This includes telephone and online banking or in person at your branch. The payee is "**Georgian College TUITION**" and your account number is your nine-digit student number.

## Submit from your Georgian College email to: Admissions@GeorgianCollege.ca