



DON MILLS CAREER COLLEGE FOR HEALTH BUSINESS, AND TECHNOLOGY

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INTERNATIONAL STUDENT APPLICATION

Current Date

Sex Last Name First Name

Address

City State Zip Code Country

email Phone #

Passport # Expiry Date(M/D/YY) Date of Birth (M/D/YY)

Select the Program: Start Date Year

Can we communicate directly to your Agent? Agent Name:

Academic Certificate / Diploma / Degree Year

English Test Information: (please attach a photo copy)

IELTS: Date: Listening: Reading: Writing: Speaking: Total

TOEFL: Date: Listening: Reading: Writing: Speaking: Total

Application fee (non refundable) Airport Pick-up (Optional) Home stay (Optional) Medical Insurance Cdn \$2.00 per day (optional)

How you like to pay? Amount Due

A non-refundable CAD\$100 administration fee must accompany your application. Make drafts payable to **Don Mills Career College for Health, Business, and Technology.**

DISCLAIMER AND SIGNATURE I certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application and result in withdrawal by Don Mills Career College for Health, Business and Technology of an offered seat at any time during my enrolment.

If paying by Credit Card , Please complete the following:

Card Number

Card Expiry Date (mm/yyyy)

Card Holder Name:

Signature _____

Date: (MM/DD/YY) _____

Signature of Applicant: _____

Date: _____