REQUEST FOR ADMISSION
CREDIT COURSES ONLY

JOHN ABBOTT CEGEP/COLLEGE

CONTINUING EDUCATION

PROGRAM NUMBER

PROGRAM NAME _____

A. PERSONAL INFORMATION

Permanent code Letters Numbers

Student number

Sex M F

Family name at birth

Married name (if applicable)

Date of birth Day Month Year

Usual given name

Mother tongue FRENCH 1 ENGLISH 2 OTHER 3

Language normally spoken FRENCH 1 ENGLISH 2 OTHER 3

B. PERMANENT ADDRESS

Number Street/Rural route/P.O. Box Apartment

City/Town Province Postal Code (Important) Area Code Telephone number

e-mail _____ Phone no. at work Area Code Telephone number Local

C. OTHER INFORMATION

Place of permanent residence on Jan. 1, 2017 1 Province of Québec 2 Elsewhere in Canada 3 Outside Canada

Place of birth: If Canada City/Town Province IF OUTSIDE CANADA: Please specify country

Legal Status of Residence in Canada:

Canadian Citizen *Specify*:
1 Canadian 2 First Nations 3 Inuit

Other *Specify*:
4 Permanent resident 7 Member of diplomatic family
5 Student visa 8 Refugee
6 Other 9 Temporary work permit

Country of citizenship (if other than Canada): Official Document

Father's family name (even if deceased)

Father's given name (even if deceased)

Mother's maiden name (even if deceased)

Mother's given name (even if deceased)

Your principal occupation during the last six months (check on box only):
1 Studies 2 Work 3 Other _____

D. ACADEMIC BACKGROUND

1. Have you ever taken or are you taking courses in a college-level institution? 1 YES 2 NO

If yes a) Name of last institution attended: _____

b) Are you presently attending this institution? 1 YES 2 NO

2. Last year of studies completed, or now in progress, before entering a college-level institution.

1 Less than Secondary V
2 Grade 11
3 Grade 12
4 Secondary V DES or DEP
5 Other, specify: _____

Name of institution: _____

Name of the school board (regional): _____

3. Number of school years completed: _____

I hereby declare that the information given is correct. I authorize the College to verify the documents or information requested. I officially declare that:

I am taking the first course in the above DEC or AEC program with the specific goal of eventually obtaining a Diploma of College studies or an Attestation of College studies in this program.

OR

I have experience in a profession or trade, that I do not intend to obtain a diploma, and that I am enrolling part time only in order to improve my professional status or to enter the job market.

Date _____ Student signature _____