



STUDENT INFORMATION

Gender: Male Female X

First Name: _____
(As appears on passport)

Middle Name: _____
(As appears on passport)

Last Name: _____
(As appears on passport)

Date of Birth (DD/MM/YYYY) : _____

Permanent Home Address: _____

City: _____ Province/State: _____

Postal Code: _____ Country: _____

E-mail Address: _____

Mobile Number: _____

Nationality: _____

Country of Application Submission: _____

Mother Tongue: _____

Status in Canada: Domestic International

Do you have a medical condition or disability that CCTB should be aware of? Yes No

If yes please explain _____

Do you wish to purchase medical insurance through CCTB*? Yes No

Start Date: _____ End Date: _____

*It is mandatory for you as a CCTB student to have medical insurance coverage for the first three months of your studies. You may purchase health insurance with a private provider or with CCTB.

AGENCY INFORMATION

Agency Name: _____

Agency Email: _____

EDUCATIONAL BACKGROUND

Educational Institution Name: _____

Qualification Earned: _____

Language of instruction: English Other

PROGRAM AND CLASS DETAILS

Program Name: _____

Intake: _____

Are you also applying for a Pathway program?

Yes No

If yes please specify _____

REQUIRED DOCUMENTS

Please attach to this application:

Copy of Valid Passport

High School or Higher Education Diploma

Proof of English Proficiency

(Learn more about English admission requirements [here](#))

Applicant Signature

Date