



## STUDENT APPLICATION FORM Calgary Campus

### I PERSONAL INFORMATION (as it appears on your passport)

Last Name:			
Given Name(s):			
Gender:	Male	Female	Nationality:
Date of Birth:			Passport Number:

### II STUDENT CONTACT INFORMATION

Apartment/Street Address:		
City:	State/Prov:	Country:
Contact Number(s):		
Email address:		

### III ACADEMIC INFORMATION

Level of Education:	
Year Graduated:	Program(s):

### IV COURSE PREFERENCES

PROGRAM CHOICES	PROGRAM TITLE	START DATE
1 <sup>ST</sup> CHOICE		
2 <sup>ND</sup> CHOICE		
3 <sup>RD</sup> CHOICE		

### V HOW DID YOU GET TO KNOW ABOUT BAY RIVER COLLEGE? (select which apply)

Agent	Internet	Relative/Friend
Our Website	Info. Session	Other

If from agent, please specify the name of the agent:

### VI AGENT INFORMATION

Company Name:		
Apartment/Street Address:		
City:	State/Prov:	Country:
Email:	Contact Number(s):	

### VII EMERGENCY CONTACT

Full Name:		
Apartment/Street Address:		
City:	State/Prov:	Country:
Email:	Contact Number(s):	

## VIII APPLICATION CHECKLIST

Completed signed Student Application Form.

\$500.00 CDN Application, Processing and Documentation Fee (Non Refundable, Non Transferable).

\$50.00 CDN Airport Pick-Up (Optional).

Translated and Notarized transcript from highest level of education.

Proof of English Proficiency.

## IX PAYMENT INFORMATION

### PAYMENT BY CREDIT CARD

Cardholder's Name (as it appears on your card):

Card Number:

Expiration Date (mm/yy):

Type of Credit Card:

Master Card

Visa

Card Holder Signature:

### PAYMENT BY BANK TRANSFER

Beneficiary Name:

1737139 Alberta Inc. / Bay River College

Beneficiary Bank:

Bank of Montreal

Bank Account Number:

1988-040

Bank Number:

001

Transit Number:

06719

Swift Code:

BOFMCAM2

Routing Number (from US Only):

06719

#### Bank Address

Unit 100 – 3690 Westwinds Dr. NE.

Calgary, Alberta Canada.

T3J 5H3

Telephone:

1.403.503.5900

Fax:

1.403.503.5907

### DECLARATION

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 may result in the withdrawal of my application by; Bay River College as an offered seat at any time during my enrolment. I Authorize Bay River College to obtain any details relating to my academic records, in order to evaluate my application and to release information regarding the status of my application.

Applicant Name:

Applicant Signature:

Date:

### BAY RIVER COLLEGE

(Calgary Campus)

1 – 3516, 26 Street NE.

Calgary, Alberta. Canada

T1Y 4T7

Telephone:

1.403.457.6400

Fax

1.403.457.6410