



Student Application Form

STUDENT INFORMATION		
Last Name:	First Name:	Student Number:
Preferred Given Name:	Address:	
City:	Province:	Postal Code:
Phone Number:	Email Address:	
Date of Birth (DD/MM/YY):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Country of Citizenship:	Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Other (<i>Specify</i>)	
EMERGENCY CONTACT INFORMATION		
Last Name:	First Name:	
Phone Number:	Email Address:	
CITIZENSHIP INFORMATION		
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> International Student (with Student VISA) <input type="checkbox"/> International Student (outside Canada)	Country of Birth: Country of Citizenship: Native Language:	



STUDENT INFORMATION		
Last Name:	First Name:	Student Number:
SECONDARY SCHOOL INFORMATION		

Student Application Form



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Phone Number:	Email Address:	
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STUDENT INFORMATION

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INTENDED CLASS OF ENROLLMENT

- Short Video Creative Production
- Film Performance
- Directing and Film Production
- Advanced Screenwriting
- Acting for Screen
- Acting for Screen (Youth)
- Cinematography
- Film Editing
- Film Makeup and Styling Program
- Visual Effects Compositing



STUDENT INFORMATION

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Term: January February March April May July September
 November

DECLARATION OF APPLICANT

I certify all statements on the application are true and complete. I understand that falsifying documents or information on this application will result in immediate permanent dismissal from the School. I understand information on falsified documents may be shared with the Association of Registrars of Universities and Colleges of Canada (ARUCC).

I agree to abide by the rules and regulations of the College as published in the online calendar, and those of the department and program in which I shall be registered, and any changes which may be made while I am a student at the College.

The information on this form is collected under the authority of the College and Institute Act. I understand that this information, along with subsequent information placed in my student record will be used for purposes of admission, registration, student communication, research, and alumni development. The use of this information will be in compliance with the Freedom of Information and Protection of Privacy Act. Any questions concerning the collection and use of this information should be directed to the Registrar.

I have read and understand the above statements.

Signature: _____ Date (DD/MM/YY): _____

USE OF A REPRESENTATIVE

If you are working with an educational advising professional (i.e. an agent), please provide his information.

Apply by myself

Apply with an agent, name:

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