



SPRINGFIELD COLLEGE

of Healthcare, Management & Technology

19 -1 Bartley Bull Pkwy, Brampton, ON L6W3T7, CANADA

INTERNATIONAL STUDENT APPLICATION FORM

SECTION A: PERSONAL INFORMATION

Name of Student (Mr./ Miss/ Mrs./ Ms.) _____
FIRST NAME MIDDLE NAME LAST NAME

☐ Male ☐ Female Date of Birth (DD/MM/YYYY) _____

Native Language: _____ Nationality: _____ Passport #: _____

Address _____

City _____ State / Province _____ Country _____

Postal Code _____ Phone No. _____ Mobile No. _____

Email Address: _____

How did you find out about our College? ☐ Ads ☐ Friends ☐ Website ☐ Agent: _____

SECTION B: ACADEMIC HISTORY

Education: _____ Program of Study: _____

☐ High School ☐ Diploma/Degree ☐ Masters ☐ Other Post-secondary

SECTION C: CHOICE OF PROGRAM OF STUDY AT SPRINGFIELD COLLEGE, BRAMPTON

Choice One: _____ Choice Two: _____

Choice Three: _____

Desired Start Month and Year: (MM, YYYY) _____

DECLARATION: I affirm and certify that all the information and answers to questions herein are complete, true and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any facts called for in the application may render this application void and will be cause for termination from the program, whenever discovered.

Signed by Applicant: _____ Date: _____

Witnessed By: _____ Date: _____

Name & Address of Witness: _____

OFFICE USE ONLY: STUDENT ID #: (Leave blank)