

# Application For Admission



International Office  
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## PART 1. PERSONAL INFORMATION

|                                      |   |                                   |
|--------------------------------------|---|-----------------------------------|
| LEGAL LAST NAME                      | LEGAL FIRST NAME  | LEGAL MIDDLE NAME                 |
| PREFERRED FIRST NAME (IF APPLICABLE) | GENDER<br><input type="checkbox"/> M <input type="checkbox"/> F | DATE OF BIRTH (DD/MM/YYYY)<br>/ / |
| CELL PHONE NUMBER                    | HOME PHONE NUMBER   | COUNTRY OF CITIZENSHIP            |
| EMAIL ADDRESS                        |   |                                   |

| Permanent Address in Home Country        |                | Current Mailing Address (if different from Home Country) |                |
|--|----------------|--|----------------|
| Apartment Number, Street Name and Number |                | Apartment Number, Street Name and Number                 |                |
| City                                     | Province/State | City   | Province/State |
| Country                                  | Postal Code    | Country  | Postal Code    |

| Emergency Contact |                     |                  |               |
|-------------------|---------------------|------------------|---------------|
| Name              | Relationship to you | Telephone Number | Email Address |

## Status in Canada

Canadian Citizen / Permanent Resident       Will apply for Canadian Study Permit       Working Holiday Visa

Study Permit       Work Permit       Visitor Record      Expiry Date (dd/mm/yyyy):      /      /

\*Please note that a study permit is required for programs longer than 6 months

## PART 2. PROGRAM OF INTEREST

What program are you interested in?

|  |                                       |
|--|---------------------------------------|
| When would you like to start this program? (dd/mm/yyyy)<br>/ / | Which campus do you prefer to attend? |
|--|---------------------------------------|

## PART 3. EDUCATION HISTORY

| SECONDARY (HIGH SCHOOL) INFORMATION |             |         |                     |                   |
|-------------------------------------|-------------|---------|---------------------|-------------------|
| CREDENTIAL AWARDED                  | INSTITUTION | COUNTRY | FROM (MM/YYYY)<br>/ | TO (MM/YYYY)<br>/ |

| POST SECONDARY (COLLEGE OR UNIVERSITY) INFORMATION |             |         |                     |                   |
|--|-------------|---------|---------------------|-------------------|
| CREDENTIAL AWARDED                                 | INSTITUTION | COUNTRY | FROM (MM/YYYY)<br>/ | TO (MM/YYYY)<br>/ |
| CREDENTIAL AWARDED                                 | INSTITUTION | COUNTRY | FROM (MM/YYYY)<br>/ | TO (MM/YYYY)<br>/ |

## PART 4. EMPLOYMENT BACKGROUND

|          |          |         |                     |                   |
|----------|----------|---------|---------------------|-------------------|
| EMPLOYER | POSITION | COUNTRY | FROM (MM/YYYY)<br>/ | TO (MM/YYYY)<br>/ |
| EMPLOYER | POSITION | COUNTRY | FROM (MM/YYYY)<br>/ | TO (MM/YYYY)<br>/ |

## PART 5. HOW DID YOU HEAR ABOUT SPROTT SHAW COLLEGE?

Newspaper       Friend/Relative       Student       Radio       TV  
 Facebook       Internet       Education Consultant / Agency       Other

| Education Consultant / Agency Information |                |              |               |
|---|----------------|--------------|---------------|
| Company Name                              | Contact Person | Phone Number | Email Address |

**My primary reason for attending Sprott Shaw College is: (indicate only one)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> To complete an diploma, or certificate | <input type="checkbox"/> To prepare to transfer to another institution | <input type="checkbox"/> To qualify to enter another program |
| <input type="checkbox"/> To learn new job skills                | <input type="checkbox"/> To decide on a career or change careers       | <input type="checkbox"/> To improve existing job skills      |
| <input type="checkbox"/> To improve basic skills (upgrading)    | <input type="checkbox"/> Personal interest/self-development            | <input type="checkbox"/> Other _____                         |

**PART 6. START DATES**

**Monthly Intakes** (Classes start every four weeks)

**PART 7. ADMISSION REQUIREMENTS**

**Diploma/Certificate Program Requirements**

- High School diploma with transcript or equivalent/proof of GED or Mature Student Status
- Transcript from post-secondary institution if applicable
- Proof of English Language Proficiency

**Language Requirements**

- **Business & Hospitality: Successful completion of SSC Entrance Exam**
- **Early Childhood Education:** Proof of English (IELTS 5.5 or equivalent) **or successful completion of SSC Entrance Exam**
- **Health Care Assistant:** Proof of English (IELTS 6.0 or equivalent) **and successful completion of SSC Entrance Exam**
- **Practical Nursing:** English proficiency assessment will be required, **and successful completion of SSC Healthcare Communication course with SSC Entrance Exam**

**Documents Required**

- Copy of Passport
- Copy of valid study permit (If applicable)

\*All documents must be in English or Notarized Translation.

\*For Health Care and Child Care programs, please refer to program outline for additional admission requirements and documents.

**PART 8. APPLICATION PROCESS**

1. Completed and signed Admission Form
2. Pay a non-refundable application fee
3. Submit the required documents for admission
4. Once accepted, a tuition deposit is required to confirm and reserve space
5. Once the tuition deposit has been received, an official Letter of Acceptance will be issued

**PART 9. STUDENT SERVICES**

**Do you require student hotel / homestay arrangement and / or airport pickup?**  Yes\*  No

\*If you checked "YES", please fill out the student service application form and email to [studentservice@sprottshaw.com](mailto:studentservice@sprottshaw.com)  
For more information on student hotel and how to apply, please visit [www.studenthotel.ca](http://www.studenthotel.ca)

**Do you require temporary medical insurance?**  Yes\*  No

\*If you checked "YES", please fill out student service application form and email to [studentservice@sprottshaw.com](mailto:studentservice@sprottshaw.com)

I hereby confirm my understanding and acceptance of the information provided above and attest to the accuracy of the information I have provided. Further, I acknowledge that I have read and understand the information in the Student Handbook, and refund policies posted on Sprott Shaw College website.

Note: Admissions requirements can not be waived by either the College or the student.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date** (dd/mm/yyyy)

\_\_\_\_\_  
**Witness**