



PERSONAL INFORMATION			
Gender	First Name	Last Name	Preferred Name
<input type="checkbox"/> Male <input type="checkbox"/> Female			
Date of Birth	Nationality (i.e. Passport used)	City	Province
MM/DD/YYYY			
Contact Phone	Status in Canada		
()- -	<input type="checkbox"/> International Student	<input type="checkbox"/> Study Permit	<input type="checkbox"/> Working Holiday
()- -	<input type="checkbox"/> Domestic Student	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Citizen
Email Address			
Home Address	Address Province	Country	City Postal Code
Program INFO (Please select the programs you are interested in)	<input type="checkbox"/> Diploma <input type="checkbox"/> Certificate		
	<input type="checkbox"/> Hospitality Management	<input type="checkbox"/> HealthCare	<input type="checkbox"/> Accounting <input type="checkbox"/> Travel and Tourism
	<input type="checkbox"/> Business and Hospitality Communication	<input type="checkbox"/> Flight Attendant	<input type="checkbox"/> ESL
	When would you like to start the program: MM/YYYY		
EDUCATION BACKGROUND			
Name of High School		Graduation Date	
		MM/YYYY	
Name of College/University		Graduation Date	
		MM/YYYY	
Major of Study			
Other Training/Work Experiences/Certificate			
Official Test Scores			
TOEFL	TWE	IELTS	
LPI	DATE OF COMPLETION	CCC ENTRANCE EXAME SCORE	



INTERNATIONAL STUDENT SERVICES

Do you require temporary medical insurance? (If yes, please fill out the insurance application form and specify

YES NO Comments:

Do you require any Homestay Arrangement and/or Airport Pick Up ? (If yes, please fill out the application form)

YES NO Comments:

Emergency Contact Person

Name 1

Name 2

Phone Number

Phone Number

()- -

()- -

Relationship to you

Relationship to you

PLEASE READ THE FOLLOWING AND SIGN

I hereby agree that Create Career College may collect, use and disclose my personal information for the purpose of providing career counseling, educational funding and employment placement services to me, and to verify the accuracy of the information I have provided. Further, I acknowledge that I have read and understand the general information and policies as contained in the Student Handbook posted on Create Career College website.

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

Applicant's Print Name: _____

Date: _____

CCC SURVEY (OPTIONAL)

How do you hear about us?

T.V. Facebook/Social Media Family/Friends Newspaper

Agency(If it is agency, please specify the name and contact number)

Name:

Phone: ()- -



STUDENT APPLICATION CHECKLIST

- Criminal Record Check
 - Application Fee \$200.00 CAD (Non-Refundable)
 - Complete and Signed Students Application Form
 - Copy of High School or Post-Secondary Diploma and Transcript
 - Copy of Valid Passport
 - Copy of Valid Study Permit (If Available)
 - Proof of English Proficiency (If Available)
- OR
- Successful Completion of Entrance Assessment Upon Arrival
 - Proof of Canadian Citizenship or Permanent Resident Status (If Applicable)
 - Please Attach All Documents Required for Enrolment

Please send the above documents to Create Career College at:

Create Career College Registration Office

#650-4789 Kingsway, Burnaby

BC, Canada V5H 0A3

Email: info@createcareer.ca

Tel: 1-(778)-379-0909

Fax: 1-(778)-379-0910

Web: www.createcareercollege.com



OFFICE USE ONLY			
Inquiry ID Number		Program	
Age	<input type="checkbox"/> Mature Student (age 19 and one year out of school)		
	<input type="checkbox"/> Grade 12/GED (transcript/diploma in file)		
	<input type="checkbox"/> Upgrading Required		
Entrance Assessment Results			
Language		Mathematics	
Language Result	<input type="checkbox"/> Not Required <input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted		
	<input type="checkbox"/> Prerequisites Checked (Director checks that italicized items on Student File Checklist -- which indicate prerequisites for this program -- do match with program outline and are in this student file before signing the enrolment contract)		
	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended		
Advisor's Signature: _____		Date: _____	
<input type="checkbox"/> Approved		<input type="checkbox"/> Declined	
Director's Signature: _____		Date: _____	
Remark:			