



APPLICATION FOR ADMISSION - International Students



New Brunswick, CANADA

INSTRUCTIONS

1. Please print clearly.
2. Send this form, your transcripts, and application fee to :
College Admissions Service, 6 Arran Street, Campbellton New Brunswick, CANADA E3N 1K4
3. Our office hours are 8:15 a.m. - 4:30 p.m. (Atlantic Standard Time), Monday to Friday.
For information, call toll free from Canada, United States, and Mexico at **1 800 376-5353**;
call, from other locations (Canada country code 1) 506-789-2404;
fax us at (Canada country code 1) 506-789-2430;
E-mail us at **nbcc.admission.ccnb@gnb.ca**; or visit our web site at **http://www.nbcc.nb.ca/**

PERSONAL INFORMATION

Office use only:

LAST / FAMILY NAME : _____ First Name(s) : _____

MAILING ADDRESS : _____ (City/Town) _____

(Province/State) _____ (Country) _____ (Code) _____ CITIZENSHIP : _____

Telephone : _____ Fax : _____ E-mail : _____

LANGUAGE (s) : English French Other : _____

SEX : Male Female DATE OF BIRTH : ____/____/____ (Year / Month / Day)

EDUCATION

(Attach transcripts in English or French)

INSTITUTION and LOCATION	LEVEL NOW ATTENDING	LEVEL COMPLETED	Office use
Secondary / High School : _____	_____	_____	_____
University / College / Technical : _____	_____	_____	_____
1. _____	_____	_____	_____
2. _____	_____	_____	_____

WORK EXPERIENCE

You may include a letter of reference from an employer, giving details of the work you have done and how long you were employed. SOME programs REQUIRE work experience or a portfolio. Check the requirements of your program choice.

PROGRAM CHOICE

(You may make two choices.)

Note : Applicants must be fluent in the program's language of instruction (English or French)			Office use	
PROGRAM NAME	NBCC SITE (Choose the site where the program is given)	APPLICATION FEE	Fee Paid	Program Code
1. _____	_____	100 \$ CAD	_____	_____
2. _____	_____	_____	_____	_____

PLEASE TELL US :

How did you hear of this program? Counsellor Newspaper Friend or Relative Internet Education Fair

Agent (Name) _____ Other _____

PAYMENT FORM

<input type="checkbox"/> Certified Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Bank Draft (Canadian or American funds payable to "Minister of Finance")	Office use
<input type="checkbox"/> Master Card <input type="checkbox"/> Visa Please charge the application fee of \$100 Canadian funds to my credit card.	
CREDIT CARD NUMBER : ____ / ____ / ____ / ____	Expiry Date : ____ / ____ (Month) (Year)
Card holder signature _____	Date : ____ / ____ / ____ (Year / Month / Day)
Name of card holder : _____ (Please print)	Telephone : _____
Name of applicant : _____ (Please print)	Telephone : _____