ELAP
Application Form

nc Niagara
College
Canada
APPLIED DREAMS.

PERSONAL INFORMATION

Mr.   Mrs.   Ms.   Miss

Date of Birth: _____ | _____ | _____   Male   Female
YEAR   MONTH   DAY

Given (First) Name: _____   Family (Last) Name(s): _____

Current Mailing Address: _____

City, Country: _____   _____

Phone number: (_____) _____   Citizenship: _____

Email: _____   _____

HOME INSTITUTION INFORMATION

Name of Home Institution: _____   Program of Study: _____

Study Major (e.g. Business): _____   Program Year (e.g. Year 3 of 4): _____

POST SECONDARY PROGRAMS UNDERGRADUATE, DEGREE, AND POSTGRADUATE

Which program(s) are you applying to: **START DATE**

Program Name: _____   Code: _____   January _____   September _____   May _____
YEAR   YEAR   YEAR

Is English your first language?   Yes   No   **If NO**, have you taken any English tests (ie: TOEFL, IELTS, DAAD)?   Yes   No

Test Name: _____   Score: _____

HOUSING INFORMATION

I would like to apply for one of the following:

Homestay

Residence/Dormitory

I will arrange my own living accommodations

_____   _____
Signature of Applicant   **Date**