



Oxford College of Arts, Business & Technology Admission Registration Form – International Applicants

670 Progress Ave., Toronto, Ontario, M1H 3A4, Canada
Tel: (416) 439-8668 Toll Free: 1-866-600-6604 Fax: (416) 332-0470
Email: admissions@oxfordedu.ca Web: www.oxfordedu.ca

- a. Complete application form then send to above address.
 - b. Copy of Passport.
 - c. 2 Passport size photographs with applicant's signature on the back.
 - d. Non-refundable application process fee of CAD\$500.00, enclosed as following i or ii**.**
 - i. Certified Cheque or World Money Order.
 - ii. Payable to: Oxford College of Arts, Business and Technology.
- *Application will not be processed without processing fee.**

Date: _____

Personal Information

Given Name: _____ Family Name: _____ Date of birth: ____ / ____ / ____ dd/mm/yyyy

Age: _____ Gender: | F | | M | Referred By: _____

Passport #: _____ Date of Expiry: _____ Issuing Country: _____

Nationality: _____ Native Language: _____ Place of Birth: _____

Home Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____ Country: _____

Telephone: _____ Cell Phone: _____ Email: _____

Emergency Contact

Name of relative or friend in Canada: _____ Relationship: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Cell Phone: _____ Email: _____

Education Background

Name of institution currently attending: _____ Level: _____

Previous schools attended:

School Name	School Address	From	To	Certificate or Diploma Obtained

Current level of English

TOEFL Score: _____ or other standard English test score, specify: _____

Program Applying for

Academic programs: 1. _____ 2. _____ 3. _____

Planning start date: Fall Winter Spring Summer

I declare that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application and result in the withdrawal by Oxford College of a place that may be offered, and that this withdrawal may also take place at any time during my enrollment.

Signature of Applicant: _____ Date (DD/MM/YY): ____ / ____ / ____

Name of Parent or Guardian, if student under 18 years old: _____

Signature of Parent or Guardian: _____ Date(DD/MM/YY): ____ / ____ / ____

Agency Information (if applicable)

Agency Name: _____ City/Country: _____ Phone: _____

For Office Use Only

Payment Detail:

CAD \$ _____ Date (DD/MM/YY) ____ / ____ / ____ Method: Cash Cheque# _____ Draft# _____

Received By: _____