

Thank you for applying to Eden College of Business and Health!

When we receive your application documents and application fee, please allow up to 3-5 Business days for processing.

APPLICATION CHECKLIST:

- ☐ Completed application form
- ☐ Application fee of CAD \$200 for diploma program
(The application fee is non-refundable and is required for the application to be processed.)
- ☐ Ontario Secondary School Diploma or equivalent
- ☐ Transcript
- ☐ Proof of English Language Proficiency
- ☐ Copy of Passport
- ☐ Copy of valid Study Permit (if you have one)

Please note, we require high quality scans of your original documents:

- PDF format only
- Scanned in color.
- Full pages, scanned front and back.
- Name each document with your full name, and type of document.
- Documents in a language other than English must be accompanied by a notarized or certified English translation.

Personal Information:

Family Name: _____ Given Name: _____ Middle Name: _____

Date of Birth (YYYY/MM/DD): _____ Gender: ☐ Male ☐ Female

Country of Birth: _____ Nationality: _____

Permanent Address: _____ Postal Code: _____

Canadian Address: _____ Postal Code: _____

Phone Number (Canada): _____ Phone Number (International): _____

Email Address: _____

Current Status:I am holding a ☐ Study Visa ☐ Work Visa ☐ Others _____I am currently living in ☐ Canada ☐ Others _____**Agent/Representative Information:**

Agent Name: _____ Agent Company: _____

Agent Phone Number: _____ Agent Email: _____

Program Information:

Name of Program Interested: _____

Intake Date (YYYY/MM/DD): _____ International Student: ☐ Yes ☐ No

Class Schedule Preference: Day _____ Evening _____

English Language Qualification:

Your First Language: _____

English Test Name and Score (if any): _____

Test Date: _____

Education Background:

Post-secondary Institution Name: _____

Country: _____

Date Attended (YYYY/MM/DD): _____

Date Graduated (YYYY/MM/DD): _____

Signature and Declaration of Applicant

1. I declare that the information I have provided is factually correct and complete.
2. I authorize Eden College verify information submitted as part of this application package. I understand that if false documents are submitted to Eden College, my application or registration will be canceled.
3. I understand that Eden College has the right to request additional documentation or credential information.
4. I understand the application fee is non-refundable and that my application will not be processed until this fee is received.
5. I agree to purchase medical insurance, as determined by Eden College, as part of my academic program. I understand this is a mandatory policy.
6. I understand that my admission is subject to an assessment of my qualifications and the availability of classroom seats. Admission to the College does not guarantee the availability of any individual course.
7. In consideration of Eden College registering me for an academic program, I hereby release Eden College, its officers, employers, servants, agents, contractors, and subcontractors from any and all claims and waive any and all claims I may have now or in the future against Eden College, its officers, employers, servants, agents, contractors, and subcontractors that arise out of or are related in anyway to my involvement in any program and all associated activities.

Signature

Date