

APPLICATION FORM

LOYALIST COLLEGE P.O. Box 4200, Belleville, Ontario K8N 5B9
(613) 969-1913 ext. 2-204



Name _____ Previous Name "if changed" _____

Loyalist Student # _____ Social Insurance Number _____

Birth Date ____/____/____ Phone Number (____) _____

Address _____
Postal Code _____

Program	Semester or Level	Start Date	Full or Part Time	Previous Year Applied

This application can only be submitted to Loyalist College.

I understand that acceptance for the above program is conditional upon availability and that I must meet all requirements in order to be eligible.

I certify 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. I have read the Freedom of Information and Protection of Individual Privacy Statement (see below). I authorize my secondary school and Ministry of Education to release my academic information and school record to the above-mentioned college. I also authorize the release of this information to my secondary school and to the Ministry of Training, Colleges and Universities.

of Co-ordinator Date _____ Signature

of Applicant Date _____ Signature

The information on this form is collected under the legal authority of the Ministry of Training, Colleges and Universities Act, R.S.O. 1980, Chapter 272, S.S.; R.R.O. 1980, Regulation 640. The information is used for administration and statistical purposes of the College and/or the Ministries and Agencies of the Government of Ontario and the Government of Canada. For further information, please contact the Registrar of the College for which application is being made at the address and telephone number listed on this page.