

International Student Application

Office of Admissions
Sutherland Campus
599 Brealey Drive, Peterborough, Ontario
CANADA K9J 7B1
www.flemingc.on.ca/international



Fleming College

LEARN | BELONG | BECOME

Legal last name or family name		
All legal given or first names (underline most commonly used)		
Date of birth (DD/MM/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone (include country code)
Apartment	Street address	
District	City	Province/State/Territory
Country	Postal Code	Country of citizenship
Fax number	E-mail address	

Languages

Mother tongue
Other languages

English Language Requirement (Chose one option)
<input type="checkbox"/> Recognized English language test* (ie: TOEFL, IELTS) <ul style="list-style-type: none"><input type="radio"/> Attached<input type="radio"/> To follow
<input type="checkbox"/> Registered or will register for English as a Second Language program at a partner institution.* Name of institution: _____ Start Date (DD/MM/YYYY): _____ Anticipated graduation date (if known) (DD/MM/YYYY): _____
<input type="checkbox"/> Three (3) years of full time secondary or post-secondary study in an English language environment.* (acceptable documentation required)

*Details on all options to meet Fleming College's English language requirements, the list of accepted English language tests and the list and contact information of partner institutions for English language can be found on our website.

www.flemingcollege.ca/international

Program Choice

First Choice	Start Date JAN 20____ MAY 20____ SEP 20____
Second Choice	Start Date JAN 20____ MAY 20____ SEP 20____
Third Choice	Start Date JAN 20____ MAY 20____ SEP 20____

Secondary school attended

Start date (MM/YYYY)	Name of school	Graduation date	Documents <input type="checkbox"/> Attached <input type="checkbox"/> To follow
----------------------	----------------	-----------------	--

Post-secondary institutions attended (if applicable)

Start date (MM/YYYY)	Name of institution	Graduation date	Documents <input type="checkbox"/> Attached <input type="checkbox"/> To follow
Start date (MM/YYYY)	Name of institution	Graduation date	Documents <input type="checkbox"/> Attached <input type="checkbox"/> To follow

I hereby certify that all statements are correct and complete including my declaration of citizenship. I understand that I may be required to supply documentation at some future date to substantiate my claim and that any misrepresentation of this data may result in the cancellation of my admission or registration status. I understand that in the case of suspected misrepresentation of application information, other Canadian colleges may be contacted. I authorize the colleges to verify any information provided as part of this application and understand that an admission granted on the basis of this application or supporting documents will be revoked if the information given is untrue in any material respect. I accept that information on falsified documents is shared with the Association of Canadian Community Colleges, and the colleges.

Applicant's signature
Date

International Student Application

Office of Admissions

Sutherland Campus

599 Brealey Drive, Peterborough, Ontario

CANADA K9J 7B1

www.flemingc.on.ca/international



Fleming College

LEARN | BELONG | BECOME

Name of applicant

Date of application

Application Checklist

<ul style="list-style-type: none"><input type="checkbox"/> Fleming College International Application Form<input type="checkbox"/> Official or notarized copy of all high school transcripts with a notarized translation to English<input type="checkbox"/> Official or notarized copy of high school diploma/certificate with a notarized translation to English<input type="checkbox"/> Official English test scores (if applicable)<input type="checkbox"/> A resume or CV of current education, work and volunteer experience<input type="checkbox"/> Additional transcripts of all post-secondary institutions attended

How did you learn about Fleming College?

<ul style="list-style-type: none"><input type="checkbox"/> Consultant (name of consultancy): _____<input type="checkbox"/> Friend or family (optional): _____<input type="checkbox"/> Internet (which site): _____<input type="checkbox"/> Fair or seminar<input type="checkbox"/> Print publication<input type="checkbox"/> Counsellor at my high school or post-secondary institution<input type="checkbox"/> Other (specify): _____
--

Application Deadlines

- As space in some programs may be limited, applicants are also strongly encouraged to apply on or before February 1st prior to desired intake. Applications will be evaluated on a first-come, first-served basis.
- International students should apply as early as possible in order to allow enough time to obtain temporary resident visas, if necessary, and study permits, both of which can take several months.
- It is the student's responsibility to ensure they have enough time to apply for their Study Permit and/or Student Visa.

The Office of Admissions will process all complete applications within 10 business days.

Mailing Address

Please send this completed application form along with all of your documentation to:

**Fleming College
Office of Admissions
599 Brealey Drive
Peterborough, Ontario
K9J 7B1
CANADA**

Inquiries on your behalf

The basic guideline governing the release of information is based on the Freedom of Information Act and the belief that the college has a responsibility to protect personal information. The college will not release personal information to third parties without the written consent of the student. This applies typically to requests from parents, prospective employers, police forces, credit bureaus, banks and other educational institutions.

Pursuant to the Freedom and Protection of Individual Privacy Act, I hereby authorize Fleming College to release any and all information related to any and all aspects of my application for admission, acceptance, fees or program of studies to the person or consultancy whose name appears below. I certify that the person or consultancy named is my selected representative and has my agreement to access and use this information to assist me to successfully register and access programs at Fleming College.

Name of person or consultancy

E-mail address

Telephone (include country code)

Applicant's signature
