

Namaste India



Application for admission

South Asia Office

Tel: (91)8800736767

E-mail: vmathur@fanshawec.ca

Canada Office

Tel: 519-452-4150

E-mail: intspp@fanshawec.ca

Part 1: Personal Data

Date of Birth:

.....
Year Month Day

Gender:

Male Female

City of Residence:

Last Name or Family Name:

First and Middle Name:

Mailing Address

Street Address:

Apt. #:

City:

State: (if applicable)

Country:

Postal Code:

Home Telephone Number:

Cell Number of student (Mandatory):

E-mail Address of student (Mandatory):

Country of Birth:

First Language:

Citizenship:

Part 2: Programs (please specify the program(s) to which you are applying)

(Specify program by name)

Program Start Date Requested

.....
Year

September or

January*

March*

May*

*Please refer to the Web site
www.fanshawec.ca or the Program
Guide since not all programs start
in January, March or May.

Part 3: English Testing

Give IELTS Score:*

Date Completed

* Please ensure that we have documentation of your IELTS test results within the past 24 months so that Fanshawe College can verify on-line. Thank you.

.....
(If applicable)

.....
Year

.....
Month

Part 4: Agency Information (if you are applying directly, please write 'DIRECT APPLICANT')

Agent Name: (if applicable)

Company Name:

.....
City:

.....
Country:

.....
Business Telephone Number:

.....
Fax Number:

.....
E-mail Address:

.....
Web Page:

Part 5: Process of application

1. Complete the application form
2. Please refer to the process document
3. List of documents to be submitted
 - a. Completed application form
 - b. Educational Documents (Photocopy only)
 - c. Copy of Work Experience Certificate (if applicable)
 - d. Copy of IELTS/TOEFL Test Report Form (if you have received the result)
 - e. Copy of Passport

** You will be required to present the original documents when you arrive at the college in Canada.*

Part 6: Declaration/Release of Information

I declare that the above application 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 withdrawal by Fanshawe College of a place which may be offered and that this withdrawal may also happen at any time during my enrollment.

I hereby authorize Fanshawe College to obtain any details regarding my academic record at the institutions listed in this document in order to evaluate my application.

I also authorize Fanshawe College to release application information, Letter of Admission, transcripts, progress and attendance records, as may be requested by my parents, agents, sponsor or other educational institutions.

Freedom of Information and Protection of Privacy Act: The information on this form is collected under the legal authority of the Ministry of Education and Training, R.S.O. 1990, cM19; R.R.O. 1980, Reg. 770. It is used for administrative and statistical purposes. For further information, please contact the Registrar, Fanshawe College, P.O. Box 7005, London, ON, N5Y 5R6, telephone 519-452-4277.

SIGNATURE: _____
(APPLICANT)

DATE: _____

SIGNATURE: _____
(PARENT/GUARDIAN/CANADIAN CONTACT PERSON IF APPLICANT IS UNDER 18 YEARS OF AGE)

DATE: _____