

Please indicate which program is of interest to you:

- | | | |
|--|---|--|
| <input type="checkbox"/> Advanced Programming | <input type="checkbox"/> Early Childhood Education / TA | <input type="checkbox"/> Policing & Corrections Foundation |
| <input type="checkbox"/> Business Administration | <input type="checkbox"/> Medical Administration | <input type="checkbox"/> Pharmacy Technician |
| <input type="checkbox"/> Child and Youth Care Worker | <input type="checkbox"/> Medical Lab Assistant | <input type="checkbox"/> Travel & Hospitality |
| <input type="checkbox"/> Dental Assistant (Level 2) | <input type="checkbox"/> Network Administrator | <input type="checkbox"/> Veterinary Technician |
| <input type="checkbox"/> Dental Hygiene | <input type="checkbox"/> Paralegal | <input type="checkbox"/> French as a Second Language |

E-MAIL ADDRESS:

1	LAST NAME (Please clearly indicate upper and lower case letters)	PREVIOUS LAST NAME (if applicable)

FIRST NAME	MIDDLE NAME(S)	TITLE (Mr, Ms, Mrs, Dr)

PROVINCE OR COUNTRY OF PERMANENT RESIDENCE:	For residents of Nova Scotia, New Brunswick or Prince Edward Island
	COUNTY OF PERMANENT RESIDENCE

PERMANENT MAILING ADDRESS

Is this a parent's address? Yes No

No. and Street

City	Prov/State	Postal/Zip Code

Country	PHONE NUMBER (Include area code)

GENDER	BIRTHDATE	CANADIAN SOCIAL INSURANCE NUMBER
M <input type="checkbox"/> F <input type="checkbox"/>	DAY MONTH YEAR	Do not enter US Social Security Number

IMMIGRATION STATUS (indicate one only and please provide proof of citizenship or permanent resident status)	DATE OF ENTRY: (Permanent Resident or Visa Only)
Canadian Citizen <input type="checkbox"/> Permanent <input type="checkbox"/> Student Visa <input type="checkbox"/> Other Visa <input type="checkbox"/>	DAY MONTH YEAR

2	HIGH SCHOOL ATTENDANCE INFORMATION	Is your school semestered? <input type="checkbox"/> Yes <input type="checkbox"/> No	DAY MONTH YEAR
	High School Attended for Grade 12/Senior Year: _____	Graduation Date or Last Date Attended: _____	

Province and/or Country: _____

3 COLLEGE/UNIVERSITY ATTENDANCE INFORMATION
 Have you attended college/university before? Yes No
 You must disclose all, including those located outside Canada.
 Include an additional page if more space is required.

Failure to disclose will result in disciplinary action.

College/university	Province/State/Country	Attendance from MM/YYYY	To MM/YYYY	Degree/Diploma intended or Obtained and Major

Please complete this form and submit the complete application (i.e., form, transcripts and appropriate supporting documents) to: Oulton College, 55 Lutz Street, Moncton, New Brunswick, E1C 0L2. As enrolment in all our programs is limited, we recommend submitting your application as early as possible. Please include a list of current courses, if these do not appear on the transcript. Missing fees or incomplete information will stop the admissions process. All documents submitted become the property of Oulton College and cannot be returned.

International students whose native language is not English must submit proof of proficiency in English: CAEL (70), IELTS (7.0), TOEFL (580), computer TOEFL (237) or MELAB (90), unless they have completed a minimum of three consecutive years at a school where the language of instruction in all classes is English.

Admissions are based on grades available when the application is first complete. Students must submit a final transcript showing that they have met the minimum requirements for admission to the program.

4 STUDENTS WITH SPECIAL NEEDS

Applicants with special needs are encouraged to contact Oulton College at (506) 858-9696 or toll free 1-888-757-2020, to be advised of services available at the College. Information concerning applicants with special needs will be used to assess whether the College is able to provide necessary support. It will not be considered as part of the admission process.

5 Where did you hear about Oulton College?

<input type="checkbox"/> family	<input type="checkbox"/> promotional material	<input type="checkbox"/> alumni
<input type="checkbox"/> friends	<input type="checkbox"/> teachers/guidance counselor	<input type="checkbox"/> embassy/ educational agent/CEC
<input type="checkbox"/> billboard	<input type="checkbox"/> university rep/college fair	<input type="checkbox"/> internet/website
<input type="checkbox"/> radio		<input type="checkbox"/> TV
<input type="checkbox"/> newspaper		

6 DECLARATION

I hereby certify that all of the above information provided in this application is complete and correct and I authorize the College to verify any information provided as part of this application. I understand that withholding relevant information or falsification of information in this application or submitted with it may be considered grounds for non-admission, or after admission, grounds for dismissal. I agree that details concerning any falsification of information may be provided to other institutions including the Association of Universities and Colleges of Canada in accordance with the Freedom of Information and Protection of Privacy Act. I agree to follow and be bound by the provisions of the Calendar, and the regulations of the College, including any revisions, deletions, or additions made to them in the future.

 Signature (I have read the information and instructions for this application) Date

Name (please Print): _____
 A limited number of entrance Bursaries are available for students financing their education through student loans.
 Will you be applying for a student loan? Yes No

This area for office use only:

Program	Interviewed by:	Transcript Received <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, was it requested <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
Conditional acceptance <input type="checkbox"/> Yes <input type="checkbox"/> No				
Comments				
Transfer of Credits			Number of credits transferred	