Oxford College of Arts, Business and Technology
Admission Registration Form

670 Progress Ave., Toronto, Ontario, M1H 3A4, Canada Tel: (416) 439-8668 Toll Free: 1-866-600-6604 Fax: (416) 332-0470 Email: admissions@oxfordedu.ca Web: www.oxfordedu.ca

Complete application form then send to above address.
2 Passport size photographs with applicant's signature on the back.
Non-Refundable Application processing fee of CAD$100 (CAD$150 applies to Dental Hygiene), enclosed as following
i or ii*.Certified Cheque or Money Order.
ii. Payable to: Oxford College of Arts, Business and Technology.

***Application will not be processed without processing fee.**

Date: _____

Personal Information

Given Name: _____ Family Name: _____ Date of birth: _____/_____/_____ dd/mm/yyyy

Age: _____ SIN#: ___|___|___|___|___|___|___|___|___| Gender: | F | | M | Referred By: _____

Home Address:_____

City:_____ Province:_____ Postal Code:_____

Telephone:_____ Cell Phone: _____ Email:_____

Emergency Contact Person (if applicable)

Name: _____ Relationship: _____

Telephone:_____ Cell Phone: _____ Email:_____

Education Background

Name of institution currently attending: _____ Level: _____

Previous institutions attended:

Institution Name	Address	From (Date)	To (Date)	Certificate or Diploma Obtained

Current level of English

TOEFL Score:_____ or other standard English test score, specify:_____

Program Applying for

Academic programs: 1. _____2. _____3. _____

Planning start date**:** □**Fall** □ **Winter** □**Spring** □**Summer**

I declare that the information given in this application form is to the best of my knowledge complete and correct. I understand that any false statement given may invalidate my application.

Signature of Applicant: _____ Date (DD/MM/YY):_____/_____/_____

Name of Parent or Guardian, if student under 18 years old: _____

Signature of Parent or Guardian: _____ Date (DD/MM/YY):_____/_____/_____

For Office Use Only

Payment Detail: CAD $_____ Date (DD/MM/YY) _____/_____/_____ Method: Cash Cheque#_____
Draft#_____

Received By: _____