



INTERNATIONAL STUDENT APPLICATION

PERSONAL INFORMATION PLEASE PRINT CLEARLY USING CAPITAL LETTERS.

Last (Family) Name _____ Given (First) Name(s) _____

Full Name as in your passport _____

Male Female

Date of Birth _____ Year _____ Month _____ Day _____

Country of Residence _____ Nationality _____

Have you applied to Canadian Casino College before? No Yes If yes, what is your Student ID#? _____

PERMANENT ADDRESS IN HOME COUNTRY

Street Number & Name _____ Apartment Number _____

City _____ Province/State _____ Country _____

Postal/Zip Code _____ Email _____

Home Telephone Number _____ Fax Number _____

CURRENT MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

Street Number & Name _____ Apartment Number _____

City _____ Province/State _____ Country _____

Postal/Zip Code _____ Email _____

Home Telephone Number _____ Fax Number _____

PROGRAM SELECTION

POSTSECONDARY PROGRAM -CERTIFICATE PROGRAM

Program Title	Program Code	Start Date
Casino Games Dealer Training Program	CPG001	Year _____ Month _____

PAYMENT INFORMATION

Payments can be made by Bank Draft/Money Order, Bank Transfer (with corresponding bank in Canada).

BY BANK DRAFT/CERTIFIED CHEQUE

Payable to: CANADIAN CASINO GAMING COLLEGE LTD.

BY BANK TRANSFER

Bank Name Canadian Imperial Bank of Commerce
 Bank Address 2219 Bloor Street West
 Toronto, Ontario, Canada M6S 1N5
 Account Holder Canadian Casino Gaming College Ltd.
 Bank Number 010
 Account Number 1006800
 Transit Number 09622
 SWIFT Code CIBCCATT

- The applicant's full name and student ID number should be quoted on the bank transfer form.
- CAD\$500.00.
- A copy of the receipt from the sending bank should be sent to us, as proof of payment.

EMERGENCY CONTACT (FAMILY OR FRIEND ONLY – NOT AGENT CONTACT)

Last (Family) Name

Given (First) Name(s)

Home Telephone Number

Alternative Telephone Number

Email

Did you enclose the following?

- Translated and notarized transcripts from senior secondary school and/or other level of education
- Translated and notarized secondary school diploma and/or diploma(s) from other level of education
- TOEFL or IELTS or other internationally recognized test report, if applicable to you
- CAD \$500.00 — Application fee (non-refundable)
- Photocopy of passport page containing photo and personal information

If you are accepted, how would you like to receive your offer letter?

- Call for pick up (if you are in Toronto)
- Mail/Courier
- Scanned copy via email

AUTHORIZED AGENT NAME & ADDRESS, IF APPLICABLE (AFFIX STAMP OR LABEL)

DECLARATION

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 and result in the withdrawal by Canadian Casino Gaming College of an offered seat at any time during my enrollment.

Applicant's name (please print)

Applicant's Signature

Date

Please mail, courier or submit in person the completed application form, supporting documents and \$65 non-refundable application fee to the address below:

Canadian Casino Gaming College
2355 Derry Road East, Unit 4
Mississauga, ON L5S 1V6 Canada

Telephone: 905-673-1877

Fax: 905-673-1598 Email: admissions@canadiancasinocollege.com

Website: www.canadiancasinocollge.com

The personal information on this application is collected under the legal authority of Section 2 of the Ontario Colleges of Applied Arts and Technology Act, 2002. The information is used by the College for administrative and statistical purposes, including (but not limited to):

- admissions, registration and record maintenance
- awards, scholarships
- administrative functions of Alumni Relations – which may include affinity relationships (providing services to Alumni via companies that offer discounts to Alumni only), and other forms of fundraising

- the College Foundation: fundraising, awards and scholarships
- information as required by Ministries or agencies of the Government of Ontario and the Government of Canada.

This information is being collected under section 38 (2) and section 39 (2) of the Freedom of Information and Protection of Privacy Act of Ontario. If you have any questions or concerns related to freedom of information and protection of privacy, please contact the Freedom of Information Co-ordinator at 905-673-1877 or Freedom of Information and Privacy Co-ordinator at 2355 Derry Road East, Unit 4, Mississauga, ON, Canada L5S 1V6.