

# STUDENT APPLICATION



**PERSONAL INFORMATION** PLEASE PRINT CLEARLY USING CAPITAL LETTERS.

Last (Family) Name	Given (First) Name(s)
<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth	Year      Month      Day
Country of Residence	Nationality
Have you applied to Canadian Casino College before?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what is your Student ID#?

**RESIDENCE ADDRESS**

Street Number & Name	Apartment Number
City	Province/State
Postal/Zip Code	Email
Home Telephone Number	Mobile Number

**MAILING ADDRESS** (IF DIFFERENT FROM ABOVE)

Street Number & Name		
City	Province/State	Country
Postal/Zip Code	Email	
Home Telephone Number	Mobile 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  
 Bank Number      010  
 Account Number   1006908  
 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)

Last (Family) Name

Given (First) Name(s)

Home Telephone Number

Alternative Telephone Number

Email

### Did you enclose the following?

- O.S.D. (Ontario Diploma and/or Transcripts)  
Diploma's from other provinces or states must be assessed by an Academic Advisor prior to registration.
- Valid Photo Identification
- Driver License, Passport, Permanent Residence Card  
HEALTH CARD's WILL NOT BE ACCEPTED AS PHOTO IDENTIFICATION
- CAD \$500.00 — Application fee (non-refundable)
- Mature Students whom do not have their transcripts or high school diploma, please meet with an Academic Advisor prior to registration.

### 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 \$500 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.ca](mailto:admissions@canadiancasinocollege.ca)

Website: [www.canadiancasinocollege.com](http://www.canadiancasinocollege.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
- 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.