

GILMORE COLLEGE

4950 Queen Mary Penthouse
Montreal (Quebec) H3W 1X3
Tel : (514) 485-7861
Fax : (514) 485-3076
E-mail : enquiry@gilmorecollege.com
Web site : gilmorecollege.com

File No. : _____

PERMANENT CODE : _____

S.I.N. : _____

A. STUDENT'S IDENTITY

Surname _____ First Name _____ Sex M F

Date of birth : Day _____ Month _____ Year _____ : Place of birth _____

Mother tongue : French English Others _____

Father's name _____ First Name _____

Mother's name : _____ First name _____

B. PERMANENT RESIDENCE

No. : _____ Street : _____ Apt. : _____ Postal Code : _____

Province : _____ City/Town : _____ Other country _____ Country code _____

Telephone _____ Area Code Telephone number

C. OTHER INFORMATION

Legal status in Canada

Canadian Amerindian Permanent resident Student visa Other

D. PREVIOUS STUDIES

Years of scholarship. _____ Last school attended : _____

Less than 10 10-13 More than 13 Specify: _____
Code _____

Certificates or diplomas obtained) _____ copy (ies) attached

CHOICE OF PROGRAM : (see brochures))

1) _____ 2) _____ 3) _____

I hereby declare that all the information provided is correct. I authorize the College to verify the documents submitted with the application and authorize the Ministry of Education to transmit to the College a copy of my secondary school leaving certificate and transcripts.

Signature of applicant (or guardian (if the applicant is a minor))

Date : _____