eridian

STUDENT APPLICATION

DATE	DATE OF BIRTH (MMM/DD/YYYY)

FIRST NAME	INITIALS	LAST NAME

(Apt/Fat/Unit) Nº	STREET NAME	

CITY	(PROVINCE/STATE)	COUNTRY

EMAIL ADDRESS	PHONE NUMBER WITH DIALING CODE

Do you hold a valid passport? Yes __ No __ Country of Passport: _______________________

If your application is approved are you able to travel immediately? Yes __ No __

If no, provide your reasons:

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Have you been convicted of any criminal infractions? Yes ___ No ___
If yes, briefly explain what the conviction is, this will not affect our decision

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Meridian

ACADEMIC HISTORY:

	INSTITUTION NAME AND ADDRESS	YEARS ATTENDED FROM-TO	MAIN SUBJECT	GRADE POINT AVERAGE	NAME OF DIPLOMA /DEGREE	ACHIEVED YES NO
GRADE SCHOOL						
MIDDLE SCHOOL						
HIGH SCHOOL						
COLLEGE						
UNIVERSITY						

Do you hold any certificates or licenses?

CERTIFICATE OR LICENSE (Please indicate if it is a certificate or a license)	DATE ACQUIRED FROM TO

Meridian

ACADEMIC SKILLS:

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REFERENCES:

	NAME FIRST LAST	RELATIONSHIIP	ADDRESS	PHONE NUMBER	EMAIL ADDRESS
1					
2					
3					

AGREEMENT:

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not processing this application and holds grounds for an immediate termination of further processing of this application. I authorize the verification of any or all information listed above. I also, understand that the application process will take its due course to process and allow a minimum of six (6) to eight (8) weeks.

______________________________ ______________________________

SIGNATURE **DATE**

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Tell us why you would like to come to Canada to study? (Personal Letter)