

INTERNATIONAL STUDENT APPLICATION FORM

To be eligible for graduation at Robertson College, all international students must complete the 10-week PACE program which covers essential employability skills in Canada as well as the Canadian workplace culture. Please note, is it NOT a language class and students must meet the program's admission requirements to enroll.

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1. Completed Application Form	7. A Statement of Purpose regarding your
2. Application fee of CAD \$225.00 (the	academic and career plans
application fee is non-refundable and is required for	Q. Two Latters of Deference to support your
the application to be processed)	8. Two Letters of Reference to support your academic plans. Please clearly state your references
3. High school diploma and/or transcripts	names and contact information (optional)
from post-secondary institutions with official English	
translations	9. Copy of your updated resume/CV listing your recent relevant work experience
4. Proof of English Language Proficiency	
with test results	10. Original document of any additional relevant training/professional standings earned
5. Copy of Passport Page with Photo	
	11. I understand that a laptop is a requirement
6. Copy of Valid Study Permit (if you have one)	for all Robertson programs.

APPLICATION PROCESS

- 1. Complete your application form and ensure you have all items listed in the Application Checklist
- 2. Scan all documents and submit your PDF file by email to international.admissions@robertsoncollege.ca
- 3. Pay the non-refundable application fee
- 4. Once your completed application form and non-refundable fee has been received, your application will be processed by our International Admissions team.

Part 1 - PERSONAL INFORMATION

Please Print			
Family Name (as it appears on your passport)	Given Name (as it appears on your passport)		
	Preferred name		
Date of Birth (yy/mm/dd)	Gender		
Citizenship	Other Language(s) Spoken		
Address	1	Postal Code	
City	Province/State	Country	
Phone ()	Email Address		
	1		
Emergency Contact			
Name	Relationship to Student		
Phone ()	Email		
Do you have physical/medical concerns that we must know about?	Do you have any allergies that we must know about?		
Part 2 - PROGRAM CHOICE			
Program Choice			
Program for which you are applying (First Choice)	Program Start Date		
Program for which you are applying (Second Choice)	Program Start Date		
OFFICE USE ONLY: Robertson ID number (if already issued)			

Part 3 - EDUCATIONAL HISTORY

Secondary Education (ie. High School) (Original Transcripts m	nust be provided)			
Institution Name	Country			
Credential Earned	Date of Graduation	Dates Attended (mm/yy - mm/ yy)		
Post-Secondary Education (ie. University or College) (Origina	Transcripts must be provided)			
1) Institution Name	Country			
Credential Earned	Date of Graduation	Dates Attended (mm/yy - mm/ yy)		
2) Institution Name	Country			
Credential Earned	Date of Graduation	Dates Attended (mm/yy - mm/ yy)		
ESL Credentials				
Language Proficiency Assessment:				
Credential Earned	From (mm/yy - mm/yy) to (mm/y	yy - mm/yy)		
Part 4 - EMPLOYMENT BACKGROUND				
Employment Background				
1) Employer	Country			
Job Title	From (mm/yy - mm/yy) to (mm/y	yy - mm/yy)		
2) Employer	Country			

Part 5 - AGENCY INFORMATION

Agency/Referral Information (If Applicable)			
Agency	Contact Name	Phone	
Mailing Address	City	Country	
Email (if using a representative, this will be the primary contact for all Robertson College information until the first day of class)			

ROBERTSON COLLEGE PRIVACY POLICY

Any information captured as part of the admissions process is kept protected via current industry-standard information security measures and will only be used for purposes that are consistent with activity necessary to the operation of the college, in compliance with the provisions of the Freedom of Information and Protection of Privacy Act.

For more information, please contact our Admissions Advisors at international.admissions@robertsoncollege.com or by visiting our website at robertsoncollege.ca/privacy-policy.

SIGNATURE AND DECLARATION OF APPLICANT

- 1. I declare that the information I have provided is factually correct and complete.
- 2. I understand the Referral Agency is permitted to represent me up to and including my first day of class at Robertson College.
- 3. I authorize Robertson College to verify information submitted as part of this application package. I understand that if false documents are submitted to Robertson College, my application or registration will be canceled, and this information may be shared with other educational institutions and the Government of Canada.
- 4. I understand that Robertson College has the right to request additional documentation or credential information.
- 5. I understand and acknowledge that it is my responsibility to be aware of, and comply with, all Robertson College policies and procedures.
- 6. I understand the application fee is non-refundable, is required and the application will not be processed until this fee is received.
- 7. I agree to purchase medical insurance, as determined by Robertson College, as part of my academic program.

I understand this is a mandatory policy.

- 8. I understand that my admission is subject to assessment of my qualifications and availability of classroom seats. Admission to the College does not guarantee the availability of any individual course.
- 9. In consideration of Robertson College registering me for an academic program, I hereby release Robertson College, its officers, employers, servants, agents, contractors and subcontractors from any and all claims and waive any and all claims I may have now or in the future against Robertson College, its officers, employers, servants, agents, contractors, and subcontractors that arise out of or are related in any way to my involvement in any program and all associated activities.
- 10. I have read and understand all of Robertson College's policies and procedures, including the Refund Policy, Student Pre-Arrival Booklet and the Student Handbook. I understand that the omission or misrepresentation of any information is sufficient grounds for canceling my admission or registration.

Signature of Applicant	Date	
Signature of Parent (required if student is under 18 years old)	 Date	





GRADUATION REQUIREMENTS

GRAD	DUATION REQUIREMENTS				
	Successful completion of the PACE prog	ram			
	Successful completion of Practicum				
	Successful completion of the Academic p	Successful completion of the Academic program			
	Passing IELTS General Testing with no ba	and below 6.0 before Graduation			
	Completion of required meetings with Ca	areer Services Advisor			
POST-	T-GRADUATE WORK PERMIT DISCLAIMER				
Howev		t eligible for post-graduate work permit (PGWP). am of work permit after receiving an employment n help you through the process.			
	(nam d as one of the eligible institutions for PGWP.	e), understand that Robertson College is not			
	a as one of the engine matications for Fown.				
SIGNA	NATURE	DATE			

WORK PERMIT APPLICATION

You are eligible to apply for a work permit once you have successfully obtained an employment offer. Our team will help you with the application to MPNP to receive a support letter for your work permit.

CAREER SERVICES

As a student of Robertson College, you will receive help and support from the Career Services department. Once you have met our graduation requirements, we will support and work with you until you find employment.

You will also have access to Lifetime Career Services – in the future, if at any time you wish to change employment, you can request assistance from our Career Services team. We will help you search for new employment, review and revise your resume and help you prepare for your next interview.



RECEIPT NO:

AUTHORIZATION FOR CREDIT CARD PAYMENT

STUDENT INFORMATION (PLEASE COMPLETE SECTION IN FULL) LEGAL FIRST NAME: LEGAL LAST NAME: CITY: ______ PROVINCE: _____ POSTAL CODE: _____ CELL #: _____ HOME #: _____ STUDENT NUMBER: _____ PAYMENT INFORMATION (CHECK ALL THAT APPLY) Application Fee CAD \$225.00 Tuition Deposit of CAD \$1000.00 Other Amount \$ You may also pay your full or partial tuition and insurance fees by credit card. Please ensure your credit limit is sufficient to cover the total amount of your transaction. TOTAL \$ CREDIT CARD INFORMATION (ONLY VISA/MASTERCARD ACCEPTED) CARD NUMBER: CARD HOLDER NAME: _____ EXPIRATION DATE: _____ CVC: _____ SIGNATURE FOR OFFICE USE ONLY DATE RECEIVED: