



DON MILLS CAREER COLLEGE
FOR HEALTH BUSINESS, AND TECHNOLOGY

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INTERNATIONAL STUDENT APPLICATION

Sex Last Name First Name

Address

City State Zip Code Country

email Phone #

Passport # / Exp. Date Date of Birth - Day Month Year

Select the Program: Start Date Year

Can we communicate directly to your Agent? Agent Name:

Academic Certificate / Diploma / Degree

English Test Information: (please attach a photo copy)

Test Date: Listening: Reading: Writing: Speaking: Total

Airport Pick-up (Optional) Home stay (Optional)

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 withdrawal by Don Mills Career College for Health, Business and Technology of an offered seat at any time during my enrolment.

Student's Signature