



Enrollment Application

PERSONAL INFORMATION (PLEASE PRINT CLEARLY)

FIRST/GIVEN NAME: _____ LAST/FAMILY NAME: _____
 DATE OF BIRTH (MM/DD/YY): _____ ADDRESS: _____
 CITY: _____ POSTAL CODE: _____
 TELEPHONE (INCLUDE AREA CODE): _____ EMAIL: _____

WHEN WOULD YOU LIKE TO START THE PROGRAM?

ASAP Less than a month 1-3 months Not Sure

WHAT IS YOUR PREFERRED SCHEDULE?

Daytime Evening Other _____

HOW DID YOU HEAR ABOUT COMPU CAMPUS?

Flyers/brochures Referral, _____ Online, _____ Street Ads, _____ Other _____

TUITIONS PAYMENT METHOD:

Installments Second Career Financial Aid (OSAP) Other _____

EMPLOYMENT BACKGROUND

Current/Previous Employer: _____ Position/Title: _____
 Location (Address/City): _____ El Recipient Yes No

EDUCATION BACKGROUND

Highest Level of Education Completed: High School College University
 Other (please specify): _____
 Previous School(s) Attend: _____

PROGRAMS OF INTEREST (SELECT ALL THAT APPLY)

School of Business

- Office Administration Diploma
- Legal Office Assistant Diploma

School of Design

- Engineering Design & Drafting Technologist
- 3D Animation for Video Games
- Graphic Design Diploma

School of Healthcare

- Pharmacy Assistant Diploma
- Personal Support Worker Diploma
- Physical Therapist Assistant Diploma
- Medical Office Assistant Diploma

School of Technology

- Computer Networking & Security Diploma
- Web Development Diploma
- Other: _____

SIGNATURE

DATE