

## **Student Application Form**

### **Applicant Personal Information**

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Gender: Female \_\_\_\_\_ Male: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate: \_\_\_\_\_

Contact Preference: Email \_\_\_\_\_ Telephone: \_\_\_\_\_

Best time to call: \_\_\_\_\_

### **Course of Study Information:**

Intended Major: \_\_\_\_\_

Alternate Major: \_\_\_\_\_

First Country of Preference: \_\_\_\_\_ Second Country of Preference: \_\_\_\_\_

Preferred start date: January Intake \_\_\_\_\_ May Intake \_\_\_\_\_ August Intake \_\_\_\_\_

Degree/Program Sought: Foundation \_\_\_\_\_ Bachelors \_\_\_\_\_ Post-Graduate \_\_\_\_\_ Masters \_\_\_\_\_

If Other, \_\_\_\_\_

### **University of Choice**

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

**Sponsor Information**

Title \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Ability to provide pay fees, provide financial information and make tuition deposit: Yes \_\_\_\_\_ No \_\_\_\_\_

**Terms and Conditions:**

By submitting this form I agree to the following terms and condition:

- MOAF Consulting will make every effort to obtain all necessary information before applying to colleges/universities, and for applicable visas; and that college/university admission remains the decision of the Dean; and that visa award remains the decision of the Consular General; and that MOAF Consulting does not guarantee admissions nor student visas for all applicants
- Agree that the consultation and administrative fees are non-refundable regardless of the outcome of the application (s)
- Agree that information provided to MOAF Consulting is true and accurate
- Agree to promptly update MOAF Consulting with changes in information provided
- Agree that the terms of this service agreement is binding and shall be governed by, and in accordance with the Canadian Law; any disputes there under shall be subject to the jurisdiction of the Ontario Courts

Applicant Signature: \_\_\_\_\_ MOAF Consulting Representative \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date: \_\_\_\_\_