



Student Information and Application Form

PROGRAM OF CHOICE _____

(Please choose one of the following:) ☐ Full-Time Program ☐ Part-Time Program

Full-Time only please select: ☐ Blended Program ☐ Online Program

PROGRAM START DATE _____

PERSONAL DATA:				
LEGAL NAME:		ADDRESS:		
First Name: _____		Street: _____		
Last Name: _____		City: _____		
Preferred Name: _____		Province/State: _____		
		Country: _____		
		Postal Code/Zip: _____		
E-MAIL: _____		Social Insurance Number (Required for Domestic Students): _____		
GENDER:	PRONOUNS:	DATE OF BIRTH	HOME PHONE:	CELL PHONE:
<input type="checkbox"/> Male <input type="checkbox"/> Female		(yy/dd/mm)		
<input type="checkbox"/> Non-Binary				
STATUS IN CANADA*:				
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Canadian Permanent Resident <input type="checkbox"/> International Student** (Citizenship: _____)				
*Applicants who do not have English as their native language are required to satisfy the college's English Language Proficiency Policy				
**VISA STATUS: <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student Visa <input type="checkbox"/> Other Visa <input type="checkbox"/> Not Canadian, No PR, No Visa				
COUNTRY OF BIRTH: _____				
EMERGENCY CONTACT:				
FULL NAME:		PHONE NUMBER:		
RELATIONSHIP:				
<input type="checkbox"/> Spouse <input type="checkbox"/> Parents <input type="checkbox"/> Relative <input type="checkbox"/> Children <input type="checkbox"/> Friend <input type="checkbox"/> Other				


TUITION PAYMENT OPTIONS:

☐ CASH ☐ CHEQUE ☐ CREDIT CARD ☐ STUDENT LOANS ☐ FUNDING AGENCY ☐ OTHER

IF FUNDING AGENCY, PLEASE INDICATE NAME OF AGENCY:

EDUCATIONAL BACKGROUND: *(Please include high school education, as well as post-secondary education (if applicable))*

TO (YY/MM)	FROM (YY/MM)	NAME OF INSTITUTION LOCATION OF INSTITUTION (City, Country)	CERTIFICATE/DIPLOMA/DEGREE

PERSONAL INTERESTS:
WHERE DID YOU HEAR ABOUT RHODES?

☐ Internet ☐ Word of Mouth ☐ Walk In ☐ Other _____

COMMENTS:
WHOM MAY WE THANK FOR REFERRING YOU TO RHODES COLLEGE?

I understand that by signing my name on the application form, I certify that the information that I have given is correct and complete and that I have not altered or added to any of the application and/or questions.

SIGNATURE

DATE