



# Application Form

## CORPUS CHRISTI COLLEGE

THE CATHOLIC LIBERAL ARTS COLLEGE AT THE UNIVERSITY OF BRITISH COLUMBIA

### PROGRAM START

Year \_\_\_\_\_

Fall (Sept-Dec)

Winter (Jan-Apr)

Spring (May-Jun)

Summer (Jul-Aug)

Full-time (3+ courses per semester)

Part-time

### PERSONAL INFORMATION

Last Name		Given Names		Citizenship <small>(International students will submit additional information.)</small>	
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth DAY / MONTH / YEAR		Social Insurance # (for tax receipts)		
Permanent Address					
Telephone		Cell		Email	

Please provide the following information regarding your  parent(s) or  guardian(s):

Last Name		Given Names			
Address					
Telephone		Cell		Email	

Last Name		Given Names			
Address					
Telephone		Cell		Email	

### ACADEMIC RECORD (Please have official copies sent from each institution to CCC Admissions.)

INSTITUTION	LOCATION	DATES OF ATTENDANCE <small>MM/DD/YY - MM/DD/YY</small>	GRADUATION DATE

### REFERENCES (e.g. teachers, school administrators, pastors, volunteer coordinators, employers...)

NAME	POSITION	ADDRESS	TELEPHONE

