epic
COLLEGE OF TECHNOLOGY
Business • Health • Technology

International Student Application Form

_____

Date: _____

SECTION A: PERSONAL INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

□ Male □ Female

Date of Birth (MM/ DD/ YYYY): _____

Native Language: _____ Nationality: _____

Passport #: _____

Address: _____ City: _____ Country: _____

Postal Code: _____ Phone: _____ Email Address: _____

I found EPIC College of Technology: □ Ads □ Friends □ Website □ Agent

SECTION B: ACADEMIC HISTORY

Education: _____ Program of Study: _____

□ High School □ Diploma/Degree □ Masters □ Other Post-secondary

Years of work experience: _____

SECTION C: CHOICE OF PROGRAM OF STUDY AT EPIC COLLEGE OF TECHNOLOGY

Choice one: _____ Choice two: _____

Choice three: _____

Desired Start Date Month and Year: (MM/DD/YYYY) _____

DECLARATION: I, the undersigned applicant, confirm that all statements made with respect to this application are true and complete.

Signed by Applicant: _____

FOR OFFICE USE ONLY: STUDENT ID #: (Leave blank)

COMMENTS: _____