



Application Form

Regular Student Mature Student (19 years or older who has not graduated high school)

PERSONAL INFORMATION

Gender: Female Male

Family Name: _____ Given Name: _____

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

Nationality: _____ First Language: _____

Mailing Address: _____ City: _____

State/Province: _____ Postal Code: _____ Country: _____

Email Address: _____ Phone Number: _____

Citizenship Status (please tick): Canadian Permanent Resident of Canada (Country of Origin: _____)

International Student With: Study Permit Temporary Resident Visa Working Holiday Visa

PROGRAM SELECTION

Hospitality Management Diploma

With Practicum OR With Co-op OR Without Work Experience

International Hospitality Management Diploma

Without Work Experience

Hospitality Operations Diploma

With Practicum OR With Co-op OR Without Work Experience

Start Date (choose one):

2019 Jan. 7 Feb. 11 Mar. 18 May. 6 Jun. 10 Jul. 15 Sept. 3 Oct. 7 Nov. 12 Other: _____

2020 Jan. 13 Feb. 18 Mar. 23 May. 11 Jun. 15 Jul. 20 Sept. 8 Oct. 13 Nov. 16 Other: _____

Extended Hospitality Management Diploma

Without Work Experience (January, May and September start dates only)

Senior Living Management Certificate

With Practicum

Certificate of Specialization in: _____

With Practicum OR Without Work Experience

ACADEMIC HISTORY

Name of High School: _____ Graduation Date: _____

Name of College/University: _____ Graduation Date: _____

Latest Official Test Score (Score Year _____):

TOEFL _____ IELTS _____ TOEIC _____ LPI _____ OTHER _____

AGENCY INFORMATION (IF APPLICABLE)

Agency Name: _____ Contact: Mr. Ms. _____

EMERGENCY CONTACT

Mr. Ms. Name: _____ Relationship: _____

Phone Number: _____ Email Address: _____

DECLARATION

I understand the application must be accompanied with the non-refundable application fee before it will be processed. I certify that the above information is correct to the best of my knowledge.

(The applicant's guardian must also sign if the applicant is under 19 years of age.)

Student's Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____



Credit Card Payment Authorization Form

I, the card holder stated below, authorize Vancouver Premier College to charge the following fees to my credit card:

Card Type: VISA MasterCard Union Pay

Cardholder's Name: _____

Card Number: _____

Card Expiry Date: _____

Charge Details:

Charge Items (select all that apply):

Program Application Fee Test Fee Tuition Fee Other _____

Total Amount: CAD _____

Student Name (Please print): _____

VPC Student ID (if known): _____

Cardholder's Signature: _____

Date: _____