VANCOUVER PREMIER COLLEGE
Program Application Form

OFFICE USE ONLY

VPC Student ID: _____

Admin Exec.:

☐ 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: _____

Phone Number: _____ Email Address: _____

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

Choose one of : Choose one of...

Individual Course: _____

Start Date: (choose one)

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

2021 ☐ Jan. 4 ☐ Feb. 8 ☐ Mar. 15 ☐ May. 3 ☐ Jun. 7 ☐ Jul. 12 ☐ Sept. 7 ☐ Oct. 12 ☐ Nov. 15 ☐ Other: _____

ACADEMIC HISTORY

Name of High School : _____ Graduation Date:

Name of College/University : _____ Graduation Date:

Latest Official Test Score: (Test 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

OFFICE USE ONLY
Date of Charge: _____

I, the card holder 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):

☐ Local Student Application Fee $125 ☐ International Student Application Fee $200 ☐ Test Fee $25

☐ Other _____ ☐ Tuition Fee_____

Total Amount: $_____

Student Name (Please print): _____

VPC Student ID (if known): _____

Cardholder's Signature: _____

Date: _____

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