



Student Information

Name:	Date of Birth:	YYYY	/	MM	/	DD
Gender:	Country of Citizenship:	Postal Code:				
Home Address:	Phone Number:					
E-mail:						

Agency Information

Agency Name:	Agency Email:
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Emergency Contact Information

Name:	Relationship:
E-mail:	Phone Number:

Education History (High School)

Name of School:	City / Country:
Start Date:	Graduation Date:
YYYY / MM	YYYY / MM

Education History (University)

Name of University:	City / Country:
Start Date:	Graduation Date:
YYYY / MM	YYYY / MM
Degree Achieved:	

English Proficiency

TOEFL:	IELTS:	DUOLINGO:	ILAC PATHWAY:
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College Application Info

Name of College:	Start Date:
1 <sup>st</sup> Choice:	YYYY / MM
2 <sup>nd</sup> Choice:	YYYY / MM
Name of College:	Start Date:
1 <sup>st</sup> Choice:	YYYY / MM
2 <sup>nd</sup> Choice:	YYYY / MM

Authorization

I am appointing ILAC/Canadian Edge to submit my applications to the colleges listed above. I authorize those colleges to release information to ILAC/Canadian Edge in regard to the status of my application.

Date:	Signature:
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