



The Great Lakes College of Toronto

Since 1978

Please send back the completed application form to query@glctschool.com

Student Application Form

Applicant's Information:

Family Name: _____ (DD/MM/YY) Date of Birth: _____
 Given Name: _____ City: _____
 Home Address: _____ Province: _____
 _____ Country: _____
 Postal Code: _____ Nationality: _____
 Telephone Number: _____ First Language: _____
 E-Mail: _____ Gender: Male Female

Parent's Information:

Father Name: _____ Father E-Mail: _____
 Mother Name: _____ Mother E-Mail: _____
 Guardian Name: _____ Guardian E-Mail: _____
 Home Address: _____
 _____ Telephone Number: _____
 Postal Code: _____ Fax Number: _____

Applicant's Education Background:

Last School Attended: _____
 Grade Completed: _____ Date of Completion _____
 (DD/MM/YY): _____

English Language Proficiency Examination Results:

TOEFL _____ IELTS _____ Michigan Test _____ Other(specify) _____

I wish to begin my studies at The Great Lakes College of Toronto:

Semester: January April June September November in _____ (YYYY)

Admission Grade: Grade 10 courses Grade 11 courses Grade 12 / Pre-university courses

English as Second Language Courses (ESL) Summer Cultural Tour Program: 2 weeks 3 weeks

APPLICATION CHECKLIST:

PLEASE RETURN THIS FORM TOGETHER WITH THE FOLLOWING DOCUMENTS:

1. ORIGINAL COPY OF THE MOST RECENT ACADEMIC TRANSCRIPT
2. COPY OF TOEFL/IELTS/MICHIGAN TEST RESULT (IF ANY)
3. PHOTOGRAPH (2 PIECES)

DECLARATION:

I have read the prospectus for the Great Lakes College of Toronto and understand the fees, refund policies and the rules and regulations. I hereby state my acceptance of all the policies.

SIGNATURE OF APPLICANT

DATE