

APPLICATION FOR ADMISSION FORM

Academic Year: _____

Semester: Fall (September) Winter (January) Summer (May) July (MBA only)

STUDENT STATUS

- First Year Student - Direct from High School
- Transfer Student - Completed Some Post-Secondary Studies
- Returning Student - Former Student ID (if known): _____
- Other (Please Specify): _____

PERSONAL INFORMATION

Mr. Mrs. Ms. Other (Please specify): _____

Last Name (Surname/Family Name): _____

First Name: _____

Middle Name(s): _____

Date of Birth: _____

Gender: _____

Marital Status: _____

Mother Tongue:

- English
- French
- Other (please specify) _____

CONTACT INFORMATION

Permanent Home Address

Street Address _____

City _____

Province/State _____

Country _____

Postal Code _____

CITIZENSHIP

Canadian Citizen

Canadian Permanent Resident

Other (please specify) _____

EMERGENCY CONTACT

Name _____

Relationship _____

Telephone _____

Address _____

City _____

Province/State _____

Country _____

PROGRAM OF STUDY (CHECK ONE ONLY)

- Master of Business Administration
- Post-Baccalaureate Diploma in Business Administration
- Post-Baccalaureate Diploma in Business Analytics
- Post-Baccalaureate Diploma in Supply Chain Management
- Post-Baccalaureate Diploma in Health Care Management
- Bachelor of Arts
- Bachelor of Arts and Science in the Environment
- Bachelor of Arts Community Studies
- Bachelor of Business Administration
- Bachelor of Hospitality-Tourism Management
- Bachelor of Science
- Bachelor of Health Sciences (Public Health)
- Bachelor of Engineering
- Bachelor of Engineering Technology
- Bachelor of Science - Human Nutrition
- Diploma in Public Administration & Management

POST-SECONDARY STUDY

If you have attended any post-secondary institutions other than Cape Breton University, please ensure that transcripts from those institutions are provided to the CBU Admissions Department. Failure to disclose all post-secondary institutions attended may result in dismissal.

1
College/University _____
City _____
Province/State _____
Country _____
Years Attended _____

2
College/University _____
City _____
Province/State _____
Country _____
Years Attended _____

CURRENTLY ARE YOU ATTENDING:

- High School
- College
- University
- Other (please specify) _____
- No educational institution

SECONDARY STUDY

- Last High School Attended
- City _____
- Province/State _____
- Country _____
- Years Attended _____
- Graduation date (if currently in secondary school) _____

Have you previously applied to Cape Breton University?

Yes No

Were you accepted?

Yes No

If yes:

Years Attended _____

Former Student ID _____

I agree to abide by the regulations of Cape Breton University. I certify that the information provided is complete and correct. In submitting this application I consent to the sharing of the information supplied with faculty and staff who are facilitating my success at Cape Breton University. I understand that if I enroll in a co-operative program, I consent to the release of my academic record to prospective employers.

Signature: _____

Date: _____

AGENT REPRESENTATION

Agent Name: _____

Agency Name: _____

Telephone: _____

Cell Phone: _____

Agent's Mailing Address: _____

Agent's Email Address: _____

Application Fee Payment: _____

Cape Breton University international application fee is \$80 and non-refundable.

CREDIT CARD INFORMATION

Card Number: _____

Card Holder's Name: _____

Expiry Date: _____ CVV: _____