

ELMAR SAMUEL PARALEGAL ACADEMY

STUDENT ONLINE APPLICATION FORM



Please complete and sign this form and return it by upload along with any supporting documentation to the College. Please ensure to complete all sections and remember to send your application fee in CDN currency.

PERSONAL INFORMATION

Please Check One:

- ☐ Male
- ☐ Female

Social Insurance Number _____ OR

National Identification Number _____

Date of Birth (dd/mm/yyyy) _____

Place of Birth _____ Nationality _____

Home Tel# () _____/_____/_____

Mobile Tel# () _____/_____/_____

Work Tel # () _____/_____/_____

Alternate Tel# () _____/_____/_____

Email Address _____

Next of Kin: _____ Phone No. () _____

Current Residential Address:

CITY/Province _____

State/Country _____

Postal Code/Zip _____

Permanent Residential Address: (if different from above)

CITY/Province _____

State/Country _____

Postal Code/Zip _____

Previous Address: (if less than 5 years at current address)

CITY/Province _____

State/Country _____

Postal Code/Zip _____

LANGUAGES

First Language: _____

Other Languages: _____

ESL LITERACY & COMPREHENSION COMPETENCIES

If you have written the IELTS Assessments within the last two years, please complete the following:

Your Test Score: _____ **Test Date:** _____

Was the test computer based: **Yes** _____ **No** _____

Was the test Paper Based: **Yes** _____ **No** _____

ACADEMIC HISTORY

List All Colleges and Universities attended – including current studies for high-school, students with the name of the high school, and expected date of completion/graduation.

NOTE: An official transcript must be sent from each college or high school attended. Failure to list all institutions may make you ineligible for admission. A decision cannot be made until all transcripts have been received. Please begin with the most recent institution attended and be sure to complete all required information. Attach a separate sheet if necessary.

DATE		NAME OF INSTITUTION	PROGRAM LENGTH	OFFICIAL DIPLOMA/ DEGREE	CITY	COUNTRY	CURRENT STATUS
FROM	TO						

Pursuant to the Information requested on this Application form and information set out on the website, I have read and understand the requirements for acceptance into the program and I am willing to abide by the terms and conditions set out for the duration of the program if I am accepted into the program. I acknowledge that my application will not be processed without payment of the non-refundable application fee. I further understand that If I am accepted into the program that I will be granted access onto the online platform only after payment and acknowledgement of receipt of the tendered Registration fee.

By affixing my signature below, I hereby freely give my consent to FCPA to verify the information provided by me in this application.

APPLICANT'S PRINTED NAME

APPLICANT'S SIGNATURE

Dated this _____ day of _____ A.D 20_____ .

[illegible]