

APPLICATION FOR ADMISSION

INFORMATION

Title:	☐ Mrs. [Miss.				
Last Name:				First Name:		
Date of birth (DD/MM/	YYYY):	/ /				
Address:						
City:	Provir	Province:		Country:	Postal Code:	
Phone:	Cell P	hone:		E-Mail:		
Father's full name (Eve	en if decease	d):	'			
Mother's full name (Ev	en if decease	ed):				
Mother tongue:		•				
Mother tongue: Language most often spoken at home:						
PROGRAM REGIST	RATION		Lanauaae d	of Instruction: English		
			_			
For which intake?	_	•	- '	Year:		
 ACS Artificial Intelligence and Machine Learning - LEA.DH 2 years 4 semesters 5 academic sessions ACS Big Data - LEA.CO 2 years 4 semesters 5 academic sessions 						
ACS Network Security and Ethical Cyber Piracy - LEA.DJ 2 years 4 semesters 5 academic session				ACS Project Management- LCA.5A1 year 2 semesters 3 academic sessions		
EDUCATION						
Highest level of study:						
☐ High School		Post-secon	ndary	□ University		
Name of Institution	Country	Degree/	['] Diploma	Year of the delivery the diploma / degre		
Airport Pickup ☐ \$10	00					

Collège de technologie Ascent inc.







AGENT INFORMATION		
Are you being represented by an Agent?	□Yes □No	
Agency Name:	_ City:	Country:
SENDING YOUR FILE:		
I am including the following:		
 Copies of transcripts (if the document is must be accompanied by a translation.) Proof of English language requirements equivalent accepted test (duolingo, Mostudents having a High School Diplomos. Completed, signed and dated Prelimina. I understand that if I do not meet the French language. French component will be studied simultaneously to students third party test or the colleges online placement test or certificate from Languages Canada accredited members. 	is in a language on signed and certifics: lelts 5.0 (nothing atrix, Language Cata from native Engliary Contract. requirement I must opt in udying the ACS. s are exempt from Matrix rhave a High School Diploters.	g less than 5.0 in any individual module) or unada accredited members, TOEFL etc) Exemptior
SENDING THE APPLICATION BY I The completed application form along wi sent to: admission@ascentcollege.ca		documents and proof of payment should be
All tuition fees must be paid by Wire Trans	sfer or Demand Dr	aft made payable to Ascent College.
Mailing Address	С	Contact Info
300-320, boul Crémazie E, Montréal, QC H2P 1E4, Canada		: 1-514-727-4040 F: 1-514-727-4041 : info@ascentcollege.ca
SIGNATURE		
information may compromise my acceptapplying for admission to the AEC program	tance into the pro m. I authorize colle	vided is true and accurate. Any inaccurate or fals ogram. By signing this form, I also confirm that I an ege employees to use the personal information tho s well as my professional experience (if applicable
Student's signature :		Date (DD/MM/VVVV) ·

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