

## APPLICATION FORM

### PERSONAL INFORMATION

Title: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Mr.			
Last Name :		First Name:	
Date of Birth (DD/MM/YYYY) :     /     /			
Address:			
City :	Province:	Country:	Postal Code:
Phone:	Cell Phone:	E-mail:	
Father's full name (even if deceased): _____			
Mother's full name (even if deceased): _____			
Mother tongue:		Language most often spoken at home:	

### PROGRAM REGISTRATION

Language: ☐ English  
 For which intake? ☐ Fall ☐ Winter ☐ Summer     Year: \_\_\_\_\_

**ACS (Attestation of College Studies) Program the student is registering for:**

- ☐ **ACS Computer Science Technology - Software Testing (LEA.CQ)**  
2 years | 4 semesters | 5 academic sessions
- ☐ **ACS Global Supply Chain Management (LCA.FD)**  
2 years | 4 semesters | 5 academic sessions
- ☐ **ACS Business Management (LCA.7N)**  
2 years | 4 semesters | 5 academic sessions
- ☐ **ACS Digital Marketing (NWX.29)**  
2 years | 4 semesters | 5 academic sessions
- ☐ **ACS Network Administration (LEA.DC)**  
2 years | 4 semesters | 5 academic sessions
- ☐ **ACS Civil Engineering Technology - Design and Testing (EEC.36)**  
2 years | 4 semesters | 5 academic sessions

**COLLÈGE DE GESTION, TECHNOLOGIE ET SANTÉ MATRIX INC.**  
**MATRIX COLLEGE OF MANAGEMENT, TECHNOLOGY AND HEALTHCARE INC.**

📍 300-320, boul Crémazie E, Montréal, QC H2P 1E4, Canada

☎ +1 514 667 7017 / +1 514-934-4777

✉ info@matrixcollege.ca

### ACADEMIC HISTROY

Highest level of study achieved:

☐ High School      ☐ Post- secondary      ☐ University Degree

Name of Institution	Country	Degree/Diploma	Year of the delivery of the diploma/degree	Duration of Studies

### STUDENT SERVICES

Airport Pickup ☐ \$100      Accommodation guidance ☐ \$75

### AGENT INFORMATION

Are you being represented by an agent?      ☐ Yes      ☐ No

Agency Name: \_\_\_\_\_ City: \_\_\_\_\_

### DOCUMENTS TO PROVIDE FOR ADMISSION

#### Documents included with the application

- International student application form, Preliminary contract form signed by student.
- Birth certificate ( If applicable).
- Passport bio data and last page.
- Grade 10 and 12. For postgraduate studies (Bachelor degree etc) provide semester wise mark sheets and consolidated transcript or graduation certificate (if the document is in a language other than English or French a copy of the original must be accompanied by a translation signed and certified by a professional translator).
- Proof of English language requirements: Ielts 5.0 (nothing less than 5.0 in any individual module) or equivalent accepted test (duolingo, Matrix, Language Canada accredited members, TOEFL etc...)
- Exemption: Students having a High School Diploma from native English speaking countries
- Employment reference letter (if applicable).

☐ I understand that if I do not meet the French language requirement I must opt into A0 to B2.2 French program in order to pursue an ASC in English; the French component will be studied simultaneously to studying the ACS.

Exemptions from French program registration: Students are exempt from Matrix College's French language program, if they produce a proof of B2 level third party test or the colleges online placement test or have a High School Diploma in French from French speaking countries or have a B2 level certificate from Languages Canada accredited members.

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## SENDING THE APPLICATION BY EMAIL:

The completed application form along with all supporting documents and proof of payment should be sent to: **admission@matrixcollege.ca**

<p>Mailing Address</p> <p>Collège de gestion, technologie et santé Matrix Inc.   Matrix College of Management, Technology and Healthcare Inc. 300-320, boul Crémazie E, Montréal, QC H2P 1E4, Canada</p>	<p>Contact info</p> <p>T : 514-667-7017 E-mail : info@matrixcollege.ca</p>
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## SIGNATURE

By signing this form, I confirm that all the information I filled in is true and accurate. Any inaccurate or false information may compromise my acceptance into the program. By signing this form, I also confirm that I am applying for admission into an ACS program. I allow college employees to use the personal information that I entered in this form to verify my academic background, as well as my professional experience, if applicable, to evaluate my application.

Student's signature : \_\_\_\_\_ Date (DD/MM/YYYY) : \_\_\_\_\_