



Student Information

Name: Passport Number:

Gender: Date of Birth: / / Country of Citizenship:

Home Address: Postal Code:

City: Province: Country:

E-mail: Phone Number: COUNTRY CODE PHONE NUMBER

Agency Information

Agency Name: Agency Email:

Emergency Contact Information

Name: Relationship:

E-mail: Phone Number:

Education History (High School)

Name of School: City / Country:

Start Date: / Graduation Date: /

YYYY MM YYYY MM

Education History (University)

Name of University: City / Country:

Start Date: / Graduation Date: /

Degree Achieved:

YYYY MM YYYY MM

English Proficiency

TOEFL: IELTS: DUOLINGO: ILAC PATHWAY:

College Application Info

Name of College: Start Date: /

1st Choice: YYYY MM

2nd Choice: YYYY MM

Name of College: Start Date: /

1st Choice: YYYY MM

2nd Choice: YYYY MM

Authorization

I am appointing ILAC/Canadian Edge to submit my applications to the colleges listed above. I authorize those colleges to release information to ILAC/Canadian Edge in regard to the status of my application.

Date: Signature: