

ADMISSION APPLICATION FORM

Please fill out this form using the **Fill & Sign** function in Adobe Acrobat Reader and then save the document then email the completed form to international@metrocc.ca.

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Are you now 18 years old or older? ☐ Yes ☐ No
DD MM YYYY

Address: _____
Apartment Number Street Number Street Name City
Country Postal Code

Email Address: _____

Complete Phone Number: _____
Country Code Area Code Phone Number

Country of Origin: _____

Passport Number (if available): _____

Select the Program You are Applying for [Please choose only one program]:

- ☐ Accounting and Payroll Administration
- ☐ Civil Engineering Design and Technology
- ☐ Cloud Computing and Application
- ☐ CNC and MasterCAM Technology
- ☐ Computerized Accounting and Office Administration
- ☐ Data Science and Application
- ☐ Digital Media Marketing and Analytics
- ☐ Mechanical Engineering Design and Technology
- ☐ Network and Cloud Administration
- ☐ SAP FICO Accounting System
- ☐ SAP Supply Chain Management (SAP SCM)
- ☐ Structural Engineering Design and Technology



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Telephone: 001 416 585 9880
Email: international@metrocc.ca

Please attach a copy of the following documents:

1. The transcript of your highest level of education
2. Your passport-sized photo
3. The result of a valid English proficiency test (IELTS or TOEFL)
4. The receipt of the \$350 CND application fee

Do you require any special accommodations? ☐ Yes ☐ No

If Yes, please specify: _____

Applicant Signature: _____

Date: _____
DD MM YYYY

All information provided on this form will remain strictly confidential.