

Complete the biographic information sections below. **Every field must be completed or your application will be incomplete.**

Family Name/Surname:			First/Given Names:			
Date of Birth:			Gender:			
Year:	Month:	Day:	<input type="checkbox"/>	Female	<input type="checkbox"/>	Male
Language Spoken:			Country of Citizenship:			

Complete the mailing address sections below. **Every field must be completed or your application will be incomplete.**

Address (House, Street #, Street Name):	
City:	Province/State:
Country:	Postal Code/ Zip Code:
Telephone:	
Email Address:	

English Language Programs Application Form for Graduate Studies Applicants (2015)

List every institution that you have attended. **Every field must be completed or your application will be incomplete.**

Name of Institution:	Institution Type: (High School, College, University)	Location: (Country)	Dates Attended:			
			From:		To:	
			Month :	Year:	Month :	Year:
<i>Example: Lakehead University</i>	<i>University</i>	<i>Canada</i>	<i>Sept</i>	<i>2000</i>	<i>June</i>	<i>2004</i>

Select the program you would like to take. **Every field must be completed or your application will be incomplete.**

For detailed information on the programs, please visit
<https://www.lakeheadu.ca/future-students/international-students/esl/programs>

Campus:	Program Name:	Session:
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<input type="checkbox"/>	Thunder Bay	Academic English Program (AEP) – All Levels	<input type="checkbox"/>	Spring 2015 (May 4 – Aug 7)
<input type="checkbox"/>	Orillia		<input type="checkbox"/>	Fall 2015 (Sept 8 – Dec 11)
<input type="checkbox"/>	Thunder Bay	Summer Intensive Academic English Program (AEP) <i>(Recommended for IELTS 6.0 or equivalent only)</i>	<input type="checkbox"/>	Summer 2015 (July 6 – Aug 28)
<input type="checkbox"/>	Orillia			

**English Language Programs Application Form for
Graduate Studies Applicants (2015)**

I hereby certify that the information provided on this application is accurate and complete. I understand that incomplete, inaccurate, or false statements may cause my admission or registration to be rescinded. I understand that admission requirements must be met before registration takes effect. In addition, misrepresentation of my legal status in Canada could result in legal penalties. I am prepared to provide proof of my citizenship if required. I consent to the disclosure of my personal information relating to my application that is contained in the records of Lakehead University for the application cycle to the pathway partner institution identified on this application form. I understand that neither this application nor supplementary acknowledgement material constitutes an Offer of Admission. Successful candidates will receive admission letters clearly outlining the program of admission and other pertinent details. I understand that supporting material, including all transcripts, cannot be returned.

Personal information on this form is collected pursuant to Section 14 of the Lakehead University Act and will be used to aid both deliberations on admission eligibility and essential administrative functions after admission. Any questions on this collection should be directed to: Faculty of Graduate Studies, Lakehead University, 955 Oliver Road, Thunder Bay, ON P7B 5E1, telephone: (807) 343-8785. It is the student's responsibility to become familiar with the academic and financial regulations and penalty dates as published by Lakehead University.

Applicant's Signature:

Date:

Agent Information:

If you are an agent applying on behalf of an applicant, please provide the information below.

Name of Agency:

Name of Agent:

Agency Address:

Agent Email:

**Please send completed forms to the
Faculty of Graduate Studies at gstudent@lakeheadu.ca**