

USCA Academy

Unit203, 170 Robert Speck Parkway, Mississauga ON, L4Z 3G1 Canada Tel: 905-232-0411 Fax: 289-232-0793

Website: www.uscaacademy.com Email: info@uscaacademy.com

Application for Admission

I hereby apply for admission to USCA Academy. I understand the final decision for admission will be contingent on review and acceptance by the Principal.

Title: Mr. / Miss	Surname (as shown in passport)		Given Name (as shown in passport)		Nationality
Date of Birth (yy/mm/dd)		Home Address			
Correspondence Ado	dress (if d	ifferent)			
Home Phone		Mobile Phone		Email Address	
Passport Number		Expiry Date (yy/mm/dd)		Proposed University Degree Course	
Parent/Guardian	Informa	 tion			
Parent/Guardian 1			Relation to Student		
Surname (as shown in passport)			Given Name (as shown in passport)		
Home Address (if di	ifferent fro	om the applicant)			
Parent/Guardian 2			Relation to Student		
Surname (as shown in passport)			Given Name (as shown in passport)		
Home Address (if di	ifferent fro	om the applicant)			
Previous School(s)				
Name &		Address	Period (Month / Year)		Level Attained
			From	То	

Program Inform	<u>ation</u>			
Entry Grade Grade	Year	Fall (Sept) Fall(Nov)	Winter(Eeb)	☐ Winter(Apr) .Other
Accommodation				
Please indicate if a	eccommodation is requi	red. Residence	Home-stay	N/A
Airport Pickup				
Please indicate if a	irport pickup is require	d. Yes	No	
paid according to boarding fees paid the Canadian imm	the fees schedule; 3 d 100% are fully refundation authorities	nderstand that 1) Application 3) Fees are subject to change andable only if the student's 5) Where the Study Perition paid will be refunded to	ge without further is application for a S mit is approved an	notice; 4) The tuition and study Permit is refused by
Student's Signatur		nt Name of Student:		
Parent/Guardian's		nt Name of Parent/Guardian	:	
Date:				
Application Check	klist:			
The non-r Photocopi	* *	n fee of \$200.00 (CAD) is en most recent three years' report		I
Email: info@use	caacademy.com			
For office use on	nly			
Admission Date	(yy/mm/dd)	Entry Grade Level	Program I	Name
Referral			Signature of Authorization (Principal)	