



## UNDERGRADUATE APPLICATION FORM

### PERSONAL DATA

*Enter your full legal name as it appears on your birth certificate or passport.*

Legal first name: \_\_\_\_\_

Legal Middle name; \_\_\_\_\_

Legal family name; \_\_\_\_\_

Preferred first name: \_\_\_\_\_

*Only if different from legal first name*

Legal former name: \_\_\_\_\_

If applicable

Date of birth: \_\_\_\_\_

MM/DD/YYYY

Gender: \_\_\_\_\_

### CONTACT INFORMATION

Preferred email address: \_\_\_\_\_

Alternate email address ( if desired): \_\_\_\_\_

Mailing address (please, do not enter email, enter your street address):

\_\_\_\_\_

City/town: \_\_\_\_\_

Province/state: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

Alternate phone number: \_\_\_\_\_

International phone with country code: \_\_\_\_\_



## CITIZENSHIP AND IMMIGRATION

Country of birth: \_\_\_\_\_

Province/state of birth: \_\_\_\_\_

City or town of birth: \_\_\_\_\_

Country of citizenship: \_\_\_\_\_

Country of choice: \_\_\_\_\_

Province/state of choice: \_\_\_\_\_

Desired city: \_\_\_\_\_

## PROGRAM SELECTION

- Applicant type:  college diploma completed  
 Completing college diploma this academic year  
 Did not graduate High/Secondary School – 21 or older  
 High/Secondary School with no post-secondary  
 Senior citizen ( 65 or older)

Faculty of choice: \_\_\_\_\_

Program: \_\_\_\_\_

To which term would you like to apply:  Winter (Jan)  Mid-Summer (May/Jun/July)  
 Fall (September)

## ACADEMIC BACKGROUND

Choose the highest level of education you will have attempted by the start of your program:

High School in Nigeria  College/University/Diploma  less than high school

## MOST RECENT SCONDARY SCHOOL INFORMATION

High/Secondary School name: \_\_\_\_\_

High/Secondary School City /State/Country: \_\_\_\_\_

Did you complete your Secondary School in either of the following program:  French

( A SUBSIDIARY OF THE EXCEL NURSING AGENCY)


 English

Dates attended: \_\_\_\_\_ to \_\_\_\_\_

DD/MM/YYYY

DD/MM/YYYY

 Have you graduated ( or will you be graduating) from this school:  Yes  No

PREVIOUS HIGH/SECONDARY SCHOOL INFORMATION (if applicable)

High/Secondary School name: \_\_\_\_\_

High/Secondary School City /State/Country: \_\_\_\_\_

 Did you complete your Secondary School in either of the following program:  French

 English

Dates attended: \_\_\_\_\_ to \_\_\_\_\_

DD/MM/YYYY

DD/MM/YYYY

 Have you graduated ( or will you be graduating) from this school:  Yes  No

ADDITIONAL INFORMATION

Have you completed or will be completing any of the following:

 International Baccalaureate  Advanced Placement

MOST RECENT POST SECONDARY SCHOOL INSTITUTION

University/ College Name: \_\_\_\_\_

City/State/Country: \_\_\_\_\_

 Are you currently attending this institution:  Yes  No

Dates attended: from \_\_\_\_\_ to \_\_\_\_\_

DD/MM/YYYY

DD/MM/YYYY

 Did you complete a degree at this institution:  yes  No

What best describes your level of achievement at this institution:

 Less than one year of studies

 A year or more of studies

 Bachelor' Degree



Post Graduate Diploma

Certificate or Diploma

other

main area of study: \_\_\_\_\_

ADDITIONAL UNIVERSITIES/COLLEGE

University/ College Name: \_\_\_\_\_

City/State/Country: \_\_\_\_\_

Are you currently attending this institution:  Yes  No

Dates attended: from \_\_\_\_\_ to \_\_\_\_\_

DD/MM/YYYY

DD/MM/YYYY

Did you complete a degree at this institution:  yes  No

What best describes your level of achievement at this institution:

Less than one year of studies

A year or more of studies

Bachelor' Degree

Masters

Post Graduate Diploma

Certificate or Diploma

other

main area of study: \_\_\_\_\_

ADDITIONAL UNIVERSITY/COLLEGE

University/ College Name: \_\_\_\_\_

City/State/Country: \_\_\_\_\_

Are you currently attending this institution:  Yes  No

( A SUBSIDIARY OF THE EXCEL NURSING AGENCY)



Dates attended: from \_\_\_\_\_ to \_\_\_\_\_

DD/MM/YYYY

DD/MM/YYYY

Did you complete a degree at this institution:  yes  No

What best describes your level of achievement at this institution:

- Less than one year of studies
- A year or more of studies
- Bachelor' Degree
- Masters
- Post Graduate Diploma
- Certificate or Diploma
- other

main area of study: \_\_\_\_\_