

## Application Form - Please Print

First Name

Last Name

Canadore Student Number

Program you are enrolled in for Fall 2017

### Before your application can be processed, you must submit documentation of your learning disability.

Psychological Assessment Reports       IPRC       IEP

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**Documentation must be submitted for confirmed acceptance.**

Documentation Attached       Documentation to Follow

Preferred Phone Number

Address

City

Province

Postal Code

Preferred Email Address

Last school attended and year

Birth Date

Have you been accepted into Residence?  Yes  No

Do you have any food allergies?  Yes  No  
If yes, please list \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate the best time to call you during business hours (between 8:30 am to 4:00 pm).

**Send all of the documentation to:**  
Canadore College  
P. O. Box 5001  
100 College Drive  
North Bay, ON P1B 8K9  
Attention: Patti Stencell

**Application Deadline: July 14, 2017**

**Inquiries:** Phone: 705.474.7600 ext. 5205  
Fax: 705.495.2862

Date Application Received:

**You will receive a call to confirm program acceptance.**