

INFORMATION ON THE CANDIDATE

Full Name: _____
Name Surname

Address: _____
Street City Province/Territory Postal code

Telephone: _____ Email: _____
Ind.

Birthdate: / / Are you a Canadian citizen? Yes No SIN: _____
DD MM YYYY

Name of parents/
legal guardian(s): _____
Father or legal guardian Mother or legal guardian

Field of study: _____
Program Institution

Start date: / / Length of the program: _____ year(s) Grade average: _____
DD MM YYYY Grade average

Tell us about you!

In less than 200 words, tell us how you are committed to your field of study.

When you're finished, download the form and email it to communications@EACOM.ca with the following documents:

- Proof of registration in your study program;
- Report card from your previous school year.