

Personal Information

<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth: _____ <small>Month Day Year</small>			Nationality: _____	
Family Name:						
Given Name(s):						
Student Address	Street Number and Name					
	City					
	Province/State					
	Country					
	Postal Code					
Student Email (mandatory):						
Student Contact Number (include country code):						
<input type="checkbox"/> I wish to live with a Canadian family in SLC's homestay program						

Program of Study

Current Program Name at Home Institution: _____

Credential of Current Program (Diploma/Degree etc.): _____

Start Date of Current Program: _____

Expected Completion Date of Degree at Home Institution: _____

Program choice in Canada

Program Code (If known)	Program Title	Campus	Program Entry Level	Start Date	
				Month	Year

Contact Person Responsible for the Program at Candidate's Home Institution:

Salutation: Mr. Ms. Mrs. Miss.

First Name: _____ Last Name: _____

Job Title: _____ Institution: _____

Department/Office _____

Address: _____ City: _____ Province/State/Region: _____

Postal Code/Zip: _____ Country: _____ Email: _____