

Program (Indicate the exact title of the program chosen)

Title _____

Personal information (Please print)

Last name (at birth) _____ Givenname(s) _____

Date of birth _____ / _____ / _____ Sex F M S.I.N. (optional) - -

Year Month Day

Résidence permanente _____ No _____ Street / Rural Route / Post office box _____ Apt. _____

City/ Town _____ Province _____ Postal code _____

Tel.: Residence() _____ Tel.: Other() _____ E-MAIL: _____

Other information

Mother tongue: French English Other **Specify:** _____

Language(s) spoken and written: French English Other **Specify:** _____

Father's last name (even if deceased) _____ Given name(s) _____

Mother's maiden name (even if deceased) _____ Given name(s) _____

Candidate's place of birth: Province of Québec Elsewhere in Canada Outside Canada **Specify the country:** _____

Legal residence status in Canada: **Canadian citizen** **Specify:** Native-born Canadian Amerindian Naturalized Canadian
Other **Specify:** Permanent Resident Holder of a residence permit (for studies)
Refugee Holder of a residence permit (for work)

Country of citizenship (if not Canadian citizen): _____

Have you already taken courses at the ITHQ? Yes No

If so, which course(s)? _____

Academic background

Name of the educational institution <small>(Beginning with the most recent)</small>	Year(s) of study <small>From to</small>	Degree received or level of education achieved or in progress
_____	_____	_____
_____	_____	_____
_____	_____	_____

Work experience relevant to the chosen program (Please attach proof of employment)

Name of business	Type of business	Position held	Number of hours / week	Length of employment Year(s) Month
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Candidate's declaration

I hereby declare that the information provided above is accurate. I authorize the ITHQ to verify the authenticity of the documents enclosed with my admission application form. I also authorize the educational institutions concerned to send my academic records to the ITHQ.

Signature of the candidate or responsible person (father, mother or guardian) if the candidate is a minor. _____ Date _____

