



**Program** (Indicate the exact title of the program chosen)

Title \_\_\_\_\_

**Personal information** (Please print)

Last name (at birth) \_\_\_\_\_ Given name(s) \_\_\_\_\_

Date of birth      /      /      Sex    F     M       S.I.N. (optional)      -      -  
Year      Month      Day

Permanent Residence \_\_\_\_\_ No \_\_\_\_\_ Steet / 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 \_\_\_\_\_ Year(s) of study \_\_\_\_\_ Degree received or level of education  
(Beginning with the most recent)      From      to      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 \_\_\_\_\_ Length of employment  
hours / week \_\_\_\_\_ 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 \_\_\_\_\_

**Method of payment**

Please charge my credit card: \_\_\_\_\_ Visa  MasterCard  Amount authorized: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ / \_\_\_\_\_ Signature \_\_\_\_\_  
Month Year