

APPLICATION FOR ADMISSION
Level 2 Landscape Horticulturist Technical Training Program PART-TIME

ITA Individual ID# (TWID): _____ (must have TWID and be registered with a sponsor)

FULL LEGAL NAME (please print clearly)		
LAST NAME	FIRST NAME	
MIDDLE NAME	PREFERRED FIRST NAME (if applicable)	
MAILING ADDRESS		
NUMBER/STREET	CITY	
PROVINCE	POSTAL CODE	COUNTRY
PHONE NUMBER	EMAIL ADDRESS	
PERSONAL INFORMATION		
DATE OF BIRTH		
Month	Day	Year

PLEASE READ THE FOLLOWING BEFORE SIGNING:

- I understand that this information, along with subsequent information placed in my student records, will be used for purposes of admission, registration, research, alumni and development, and other purposes consistent with the mandate of the institution. The use of this information will be in compliance with the Freedom of Information and Protection of Privacy Act.
- I understand that submission of this application in no way guarantees admission to a program or course, and that admission is subject to meeting course prerequisites and space availability and minimum enrolment numbers.
- I certify that all statements on the application are true and complete. I understand that misrepresentation of this information in any material way may result in cancellation of my admission or registration status.

Signature: _____ **Date:** _____

For office use only:

- \$20 Application Fee received