

APPLICANT SIGNATURE FORM**APPLICANT INFORMATION**

FULL NAME

WCC STUDENT ID NUMBER

DATE OF BIRTH

CITY OF BIRTH

COUNTRY OF BIRTH

COUNTRY OF CITIZENSHIP

PERMANENT HOME COUNTRY ADDRESS

STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)

CITY/TOWN

PROVINCE/TERRITORY

POSTAL CODE

COUNTRY

I CERTIFY THAT THE INFORMATION I SUBMITTED ON MY APPLICATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE

APPLICANT SIGNATURE

DATE

This form must be completed and signed by the **student applicant**. Submit the completed form along with a copy of your passport either by mail or email. See page 3 for our mailing and email address. If emailing, this form must be received from the email address provided on your admissions application.