

Approved Agents Application Form for the 2015 Cycle

Step 1: Complete the Biographic Information Sections:							
Complete the biographic information sections below. Every field must be completed or your application will be deemed incomplete.							
Surname:		Given	Names:				
Date of Birth:			Gende	r:			
Year:	Month:	Day:		Female		Male	
First Language	Spoken:		Count	y of Citizenship	:		
Step 2: Comp	olete the Maili	ng Address Se	ections	:			
Complete the m will be deemed	•	ctions below. Eve	ry field	must be comple	ted or y	our application	
Address (House	, Street #, Street N	lame):					
City:			Province/State:				
Country:		Postal	Code/ Zip Code	:			
Home Telephone:		Alternate Telephone:					
Applicant's Email Address:							
Agent's Email	Agent's Email Address:						



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Step 3: Complete the Academic History Sections:

List <u>every</u> secondary and post-secondary institution that you have attended. **Every field must be** completed or your application will be deemed incomplete.

	In attitudion			Dates Attended:				
Name of Institution:	Name of Institution: Institution Type: Location:	Location:	From:		To:			
			Month:	Year:	Month:	Year:		
Port Arthur Collegiate Institute	Secondary School	Canada	Sept	2000	June	2004		
	41.							

Step 4: Complete Program Information Sections:

Complete the Program Name, Major and Session fields below. You can select up to three undergraduate programs. You can choose one session for each program. Course selection for those entering during the Winter and Spring/Summer sessions is limited. **Every field must be completed or your application will be deemed incomplete.**

For a listing of our undergraduate programs, please visit: https://www.lakeheadu.ca/academics/undergraduate-programs

Choice:	Program Name & Major:	Campus:		Session:		
			Thunder Bay		Winter 2015	
1			Orillia		Spring/Summer 2015	
					Fall 2015	
			Thunder Bay		Winter 2015	
2			Orillia		Spring/Summer 2015	
					Fall 2015	
			Thunder Bay		Winter 2015	
3			Orillia		Spring/Summer 2015	
					Fall 2015	



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Step 5: Acknowledge and Accept the Following Terms:

I hereby certify that the information provided on this application is accurate and complete. I understand that incomplete, inaccurate, or false statements may cause my admission or registration to be rescinded. I understand that admission requirements must be met before registration takes effect. In addition, misrepresentation of my legal status in Canada could result in legal penalties. I am prepared to provide proof of my citizenship if required. I consent to the disclosure of my personal information relating to my application that is contained in the records of Lakehead University for the application cycle to the agent identified on this application form. I understand that neither this application nor supplementary acknowledgement material constitutes an Offer of Admission. Successful candidates will receive admission letters clearly outlining the program of admission and other pertinent details. I understand that supporting material, including all transcripts, cannot be returned.

Personal information on this form is collected pursuant to Section 14 of the Lakehead University Act and will be used to aid both deliberations on admission eligibility and essential administrative functions after admission. Any questions on this collection should be directed to: Manager of Undergraduate Admissions, Lakehead University, 955 Oliver Road, Thunder Bay, ON P7B 5E1, telephone: (807) 343-8500. It is the student's responsibility to become familiar with the academic and financial regulations and penalty dates as published by Lakehead.

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Applicant's	s Signature:	Date:			
To Be Co	mpleted by the Agent:				
Please have	e your Agent complete the following sections:				
Agent's Or	ganization:				
Signature f	from Agent:	Date:			
Step 6: C	omplete the Applicant Checklist:				
	I have completed all sections of this application.				
	I have arranged to have all of my final official transcripts and English proficiency test scores mailed to Lakehead University. For more information on final official transcripts,				
	please refer to:				
	https://www.lakeheadu.ca/future-students/admission	s/undergraduate/official-transcripts.			
	I have completed the Payment Form and will include it with the submission of my application.				



Approved Agents Application Payment Form

Step 1: Complete the Applicant Information Sections:							
Complete the applicant information sections below.							
Surname:		Given	Names:				
Date of Bi	rth:		Gender:				
Year:	Month:	Day:	□ Female □ Male			Male	
Address (H	louse, Street #, Street N	lame):					
City:			Provin	ce/State:			
Country:			Postal Code/ Zip Code:				
Home Telephone:			Alterna	ate Telephone:			
Applicant's Email Address:							
Step 2: Select the Application Fee:							
Choose the appropriate application fee below. Please Note: All application fees are non-refundable.							
	I am paying the \$135 CAD Application Fee as I have not completed post-secondary studies.						
	I am paying the \$190 CAD Application Fee (\$135 Application Fee + \$55 Document Evaluation Fee) as I have completed post-secondary studies.						



Approved Agents Application Payment Form

Step 3: Choose a Payment Method:					
Select a paymer	Select a payment method below.				
	I am paying my non-refundable application fee by a bank draft , cheque , or money order made payable to Lakehead University.				
	I am paying my non-refundable application fee by credit card . Please see my credit card details below.				
Credit Card	Information:				
Credit Card Ty	ype:				
	VISA				
	Master Card				
	American Express				
Cardholder Name: (as it appears on the credit card)					
Card Number:		CSV Number: (3 Digit Number on back)	Expiry Date:		
Cardholder Signature:					

Please submit your completed application and payment form to:

