



APPLICATION FOR ADMISSION TO ACSENDASCHOOL OF MANAGEMENT

Instructions to the Applicant:

1. Read the entire application form carefully. Fill out all required information. Sign and date the application. Without a signature the application will not be processed.
2. There is a \$150 non-refundable application fee. Payment by mail can be made by cheque or money order. Do not send cash in the mail. Payment methods accepted at the campus are debit card, credit card, cash, bank draft or cheque (made payable to Acsenda School of Management). A \$200 Administrative Fee will also be charged for any authorized withdrawals from the program. *Refunds for students who paid by credit card and cancel/do not start are subject to an administrative fee of 2% of the total amount paid.*
3. Official Transcripts from all previously attended academic institutions must be arranged by the applicant and sent in to the Office of the Registrar. Transcripts are only official if sent by the previously attended institutions directly to the Registrar's Office of Acsenda School of Management.

Send application to: **Admissions@Acsenda.com**
 OR mail documents to
Office of the Registrar
Acsenda School of Management
 2nd Floor 666 Burrard Street, Vancouver BC V6C 2X8
www.acsenda.com | (604) 430-5111

Personal Information

Legal Name _____ Male Female
Last First Middle

Address _____
Street Address Apartment/Unit #

City Province/State Postal/ZIP Code Country

Phone _____ Email _____

How did you hear about Acsenda School of Management? _____

Domestic Applicants

Are you a Canadian Citizen? Yes No Are you a Landed Immigrant? Yes No

International Applicants

Country of Citizenship: _____ Primary Language: _____

Do you hold a valid study permit? Yes No Expiry Date: _____

Current Level of English: Beginner Intermediate Advanced

IELTS or TOEFL Score if applicable _____

Do you have a physical and diagnosed learning disability that you wish to declare? Yes No

If your answer is 'YES', please list the type(s) of accommodation needs that you require to complete the program. Acsenda will let you know if we can or cannot accommodate these needs.

Educational Objectives

What program are you applying for?

- English for Academic Purposes
- Advanced Diploma in Business Administration
- Bachelor of Business Administration Degree (Choose Concentration Below)
- General Management Marketing Management Human Resources Management
- International Business Management Accounting Undecided
- Bachelor of Hospitality Management
- Post Graduate Certificate
- Post Graduate Diploma (Choose Concentration Below)
- General Management Marketing Management Human Resources Management
- International Business Management Undecided

What is your indented start date? (Indicate Year)

- Term 1 (January____) Term 2 (April____) Term 3 (July____) Term 1 (October____)

Education History

High School: _____ City: _____

Country: _____

From: _____ To: _____ Did you graduate? Yes No Currently Attending

Post-Secondary Studies

Institution: _____ City: _____ Country: _____

From: _____ To: _____ Did you graduate? Yes No Currently Attending

Certificate Diploma Degree/Bachelor's Master's Postgraduate

Name of Qualification _____

Have you even been suspended or denied readmission to any other college university? Yes No

Declaration and Signature of the Applicant

I hereby certify that the information I have provided is accurate and complete in all aspects. I also understand and accept that falsification of any information in my application or misrepresentation of my record on documents submitted will result in the rejection of my application and/or the withdrawal of any offer of admission. I understand that I am required to arrange for all official transcripts or documents to be sent to the Registrar's Office.

Name (Print): _____ Date (mm/dd/yyyy): _____

Signature: _____

This program is offered under the written consent of the Minister of Advanced Education, effective November 27th, 2015, having undergone a quality assessment and been found to meet the criteria established by the Minister. Nevertheless, prospective students are responsible for satisfying themselves that the program and the degree will be appropriate to their needs.

Visit www.acsenda.com

INTERNATIONAL THINKING.

INDIVIDUAL FOCUS.

Credit Card Payment Request Form

Student Information

Student Name: _____ Student Number: _____

Program Name: _____

Program Start Date (yyyy/mm/dd): _____

Credit Card Payment Request

Card Number: _____ CVV (three-digit # printed at the back of the card): _____

Card Type: VISA Mastercard Other: _____ Card Expiry (yyyy/mm/dd): _____

Name of the Card Holder: _____

Amount of Payment: \$ _____

Signature: _____

Date: _____

Agent Details

Agency name: _____

Name of agency contact: _____

Contact email address of agent: _____

What other colleges/universities is this student applying for? _____