

# SPRING 2025 ADMISSION APPLICATION



An application fee in the amount of \$100 is required to process this application and it must be paid by credit card. International Admissions will send you information on how to complete your payment. **Please note that all fields must be completed (typed) for your application to be processed.**

## APPLICANT INFORMATION

Your family and given names must match your passport.

Family Name:

Given Name(s):

Mailing Address (P.O. Box/Apartment/Street):

City:

Province/District/State:

Postal Code/Zip Code:

Country:

D.O.B. (dd/mm/yy):

Gender:

Phone:

Email:

Nationality:

## PROGRAM INFORMATION

First choice program:

Second choice program:

## ADDITIONAL INFORMATION

**English Language Proficiency:**

IELTS

TOEFL

Duolingo

PTE

Other

**Post Secondary:** Have you ever studied at a **Canadian** college or university?    Yes    No

**Study Permit:** Do you currently hold a valid Study Permit?    Yes    No

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## AGENT INFORMATION

If you are using a representative or agent, please provide details.

Agent Company Name:

Phone:

Email:

## RELEASE OF INFORMATION (Optional)

I give Yukon University permission to discuss my information with:

Name of relative or friend:

Phone:

Email:

## COLLECTION, USE AND DISCLOSURE OF STUDENT INFORMATION

Personal information collected from applicants will be held and used in accordance with the Yukon Access to Information and Protection of Privacy Act (ATIPPA) and the Yukon University Information Access and Privacy Protection Policy. This information will be used for admission, registration, fee collection, and maintenance of your student record and other purposes consistent with the mandate of the Institution.

Contact information is shared with the Yukon University Student Union. The personal information you provide is also used for authorized statistical and research purposes.

Students who would like Yukon University to release financial and/or academic information to an individual, a parent, or an agency external to the University must give written permission to release that information. At the time of registration, students may authorize the release of specific information to individuals or organizations.

If you have any questions about the collection, use and disclosure of student information, please contact the Office of the Registrar at 867 668 8710.

## CERTIFICATION

I hereby certify that the information provided in this form is complete, true and correct to the best of my knowledge.

Date: