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APPLICATION FOR DIRECT ADMISSION INTO CEFAM'S 3<sup>RD</sup> YEAR FOR DSC STUDENTS

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**Personal Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Male       Female      Date of Birth \_\_\_\_\_  
day/month/year

Street Address \_\_\_\_\_

Zip Code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

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**Application**

Term you wish to enter:

Fall \_\_\_\_\_

Spring \_\_\_\_\_

**Academic**

Please indicate your Major \_\_\_\_\_

Please indicate your Minor \_\_\_\_\_  
(if any)

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**Entry Term of Interest** \_\_\_\_\_

**Emergency Contact**

Contact's Full Name \_\_\_\_\_

Relationship to the student \_\_\_\_\_

Street Name \_\_\_\_\_

Zip Code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Please indicate any disabilities or medical conditions

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF APPLICANT: I CERTIFY THAT I HAVE COMPLETED THIS APPLICATION PERSONALLY AND THAT THE INFORMATION I HAVE PROVIDED IS COMPLETE AND TRUTHFUL.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date