

GLOBAL MOBILITY APPLICATION FORM

PERSONAL INFORMATION							
Last Name:			First Name:				
Student ID Number:			Program:				
Current Semester:			Program GPA:				
Email:			Telephone:				
Street Address:							
City:		Province:		Postal Code:			
Citizenship:		Passport Number: _		Expiry Date:			
Status in Canada:	Canadian Citizen		Study Permit				
	Permanent Resident		Other, please spe	ecify:			
TRAVEL INFORMATION							
Program Name:			Destination(s):				
Start Date:			End Date:				

WRITTEN STATEMENT

Please provide a statement that includes answers to the following questions (500 words maximum):

- 1. Why are you a good candidate for this program?
- 2. How will this experience meet your academic, professional and personal development goals?
- 3. How do you adapt in new cultural and/or stressful environments?



DECLARATION, CONSENT & ACKNOWLEDGMENT

I have read and agree to the following:

- 4. The information given on this application is complete and accurate,
- 5. All information I have provided in this application is subject to verification and audit by George Brown College (GBC),
- 6. I will provide supporting documentation to verify my eligibility, on request,
- 7. I consent to the disclosure of personal information I have given in this application to the host/partner organization(s) for the purposes of administering this program,
- 8. In addition to the non-refundable deposit submitted with this application, I am fully liable for any airfare and prepaid expenses made on my behalf should I withdraw from the program,
- 9. I consent for my GBC student account to be automatically charged any airfare and prepaid expenses incurred for my participation in this program in the event of my withdrawal from the program.,
- 10. I understand that any misrepresentation on this application or failure to provide my consent to authorize GBC to verify the information on this application may result in the cancellation of my application.

Signature:	Detail
Sidilature:	Date:
9	

ACCESSIBLE LEARNING SERVICES (ALS)

If you are accepted to participate in a study/work abroad program, please speak to your Accessible Learning Consultant to identify any accommodation requirements/needs for your study/work abroad program. Please be aware that while ALS staff can assist with accommodation planning for study/work abroad programs, GBC cannot guarantee that accommodation requirements can or will be fulfilled outside of Canada. For more information on Accommodations, please visit georgebrown.ca/accessible-learning-services/

COMPLETE APPLICATION

Please ensure you submit the following documents with your completed application form:

CAPP Report from STU-View
Non-refundable deposit of \$500 (credit card form or cheque made out to "George Brown College")
Copy of passport photo page
Permanent resident card (if applicable)
Valid Temporary Resident Visa (TRV) (if applicable)

SUBMIT COMPLETED APPLICATION TO:

CHEF SCHOOL, SJB, Room 334 or Email: APicado@georgebrown.ca
Subject: Culinary Japan

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

The personal information on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002. The information is used for the administrative and statistical purposes of the College including but not limited to admissions, registration and maintaining records, as well as awards and scholarships; alumni and college foundation administrative and stewardship functions and/or the ministries or agencies of the government of Ontario and the government of Canada. This information is being collected under section 39 (2) and section 42 of the Freedom of Information and Privacy Act of Ontario. If you have any questions or concerns related to freedom of information and privacy please contact the FOI coordinator for the college at (416) 415-5000 ext. 4646.



CREDIT CARD FORM

PERSONAL INFOR	MATION				
Last Name:		First Name:	_ First Name:		
Student ID Number:		Telephone:	Telephone:		
Email:					
Current Address:					
		ge by credit card or debit card in the a			
PAYMENT INFORM	MATION				
DEBIT	VISA	MASTERCARD	AMERICAN EXPRESS		
Card Number:					
Expiry Date:					
Card Holder's Name: _					
Card Holder's Signature:		Date Signed:			
Signature:		Date:			

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

The personal information on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002. The information is used for the administrative and statistical purposes of the College including but not limited to admissions, registration and maintaining records, as well as awards and scholarships; alumni and college foundation administrative and stewardship functions and/or the ministries or agencies of the government of Ontario and the government of Canada. This information is being collected under section 39 (2) and section 42 of the Freedom of Information and Privacy Act of Ontario. If you have any questions or concerns related to freedom of information and privacy please contact the FOI coordinator for the college at (416) 415-5000 ext. 4646.