



## APPLICATION FORM – STUDY TOUR: EUROPEAN PERSPECTIVE ON CORPORATE GOVERNANCE

### PERSONAL INFORMATION

<b>FIRST NAME:</b>		<b>MIDDLE NAME:</b>		<b>FAMILY NAME:</b>	
<b>STUDENT ID:</b>		<b>PROGRAM:</b>		<b>CURRENT SEMESTER:</b>	

<b>CURRENT ADDRESS:</b>	<i>STREET ADDRESS</i>	<i>POSTAL CODE</i>
	<i>CITY</i>	<i>PROVINCE/STATE</i> <span style="float: right;"><i>COUNTRY</i></span>

<b>TELEPHONE:</b>	<i>HOME</i>	<i>MOBILE</i>
<b>EMAIL:</b>		

<b>CITIZENSHIP:</b>		<b>PASSPORT NUMBER:</b>		<b>EXPIRY DATE:</b>	
<b>STATUS IN CANADA:</b>	<input type="checkbox"/> CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> VISA <input type="checkbox"/> OTHER, PLEASE SPECIFY:				

### DECLARATION, CONSENT AND ACKNOWLEDGEMENT

I have read and agree to the following: 1) The information given on this application is complete and accurate, 2) All information I have provided in this application is subject to verification and audit by George Brown College (GBC), 3) I will provide supporting documentation to verify my eligibility, on request, 4) 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, 5) 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, 7) I consent for my GBC student account to be automatically charged any airfare and prepaid expenses incurred for my participation in this program, or in the event of my withdrawal from the program.

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.

<b>SIGNATURE:</b>	<b>DATE:</b>
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**REMINDER: Please attach 1) The non-refundable deposit of \$500 CDN made out to “George Brown College” and 2) A copy of your passport and permanent resident card (if applicable) to this application**

The College has a duty to seek reasonable accommodations for students registered with Accessible Learning Services. If you are accepted to participate in this program, please speak to your Accessible Learning Consultant right away to identify any accommodation requirements to GBC placement staff within the placement planning process. Please be aware that while Accessible Learning Services staff (416-415-5000 ext. 2622) can assist with accommodation planning for international placements, GBC staff cannot guarantee that accommodation requirements can or will be fulfilled outside of Canada.

<b>SUBMIT COMPLETED APPLICATION TO:</b>	<b>Aida Viveiros, Administrator, Field Education &amp; Study Abroad</b> <b>International Centre (St. James Campus), Main Floor, 200 King St. E.,</b> <b>Toronto, ON M5A 3W8</b> <b>Tel: 416-415-5000 ext. 2868 Email: aviveiro@georgebrown.ca</b>
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### 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 AUTHORIZATION FORM – STUDY TOUR: EUROPEAN PERSPECTIVE ON CORPORATE GOVERNANCE**

<b>NAME</b>	LAST NAME	FIRST NAME
<b>STUDENT ID</b>		
<b>CURRENT ADDRESS</b>		
<b>E-MAIL</b>		
<b>TEL NO.</b>		

I hereby authorize George Brown College to debit my credit card in the amount of \$\_\_\_\_\_ CAD as a deposit/ payment for the Study Tour: European Perspective on Corporate Governance.

**Payment made by:**

VISA	MASTERCARD	AMERICAN EXPRESS
<b>CARD NUMBER:</b>		
<b>EXPIRY DATE (MM/YYYY):</b>		
<b>CSV NUMBER (# ON THE BACK OF YOUR CREDIT CARD):</b>		
<b>CREDIT CARD HOLDER NAME:</b>		
<b>CARD HOLDER SIGNATURE:</b>		
<b>DATE SIGNED (MM/DD/YYYY):</b>		

<b>SIGNATURE:</b>	<b>DATE:</b>
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