Background Information:

How did you find out about Sheridan College? (please tick):  
☐ website   ☐ school   ☐ church   ☐ colleague   ☐ friend   
☐ other (please state) …………………………………………………………………………

Religious affiliation (if any): …………………………………………………………………………

Do you have a disability, impairment, or long term medical condition that may affect your studies or requires special assistance? (please indicate): ………………………………………………………………………………………………………

Are you enrolled as a student at another educational institution? (If yes, which one?) ………………………………………………………………………………………………………………………

Course Details:

Which language do you wish to study? (please tick):

☐ Arabic         ☐ Aramaic
☐ Armenian       ☐ Kurdish
☐ Chinese        ☐ Japanese

How much formal study have you had in this language before now? (please tick the best option)

☐ I have never studied it before  
☐ Less than 1 year  
☐ 1–2 years  
☐ More than 2 years

The College is bound by the Privacy Act 1988. Information collected on this form will be used by the Faculty and administration for the purposes of assessing your application and providing guidance both initially and throughout subsequent studies. Upon admission, details of name and contact details will be provided to the officers of the Student Association to enable them to contact you. Information will be divulged to other persons for other purposes only with your written permission.

I give permission for my photograph to be used in College publications and website:  ☐ Yes  ☐ No

Signature: ……………………………………………… Date: ……………………………