

International Student Application Cancellation Form

Last Name: _____ First Name: _____

Student ID Number _____ Application Number _____ Date of Birth _____

()
Preferred Telephone Number _____ Seneca Email Address _____ Alternate Email Address _____

Program Name _____

Name of Initial Agency (if applicable) _____

I wish to cancel my application and its progress, thus far, at Seneca College.**APPLIED USING AN AGENCY**

I have entered into an initial contract with the above named agency, giving this initial agency the authorization to represent me by signing the Student Release Form. I agree to terminate my original application, no matter its progress (including an existing offer of admission), and have designated a new agency who will lodge a new application for me. I understand that a new application with my new agency will have to be submitted online with academic documentation, program(s) selection and payment of a new application fee (\$90.00 CAD).

APPLIED MYSELF

I applied on my own to Seneca College but now wish to cancel my application. By doing so, I understand that I will have to reapply, along with a payment of a new application fee of \$90.00. I agree to terminate my original application, no matter its progress (including an existing offer of admission), and have designated a new agency who will lodge a new application for me. I understand that a new application with my new agency will have to be submitted online with academic documentation, program(s) selection and payment of a new application fee (\$90.00 CAD).

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Personal information on this form is collected in accordance with sections 21, 39 and 49 of the *Freedom of Information and Protection of Privacy Act* and under the legal authority of the *Ministry of Training, Colleges and Universities Act*, R.S.O. 1990, and the *Ontario Colleges of Applied Arts and Technology Act*, 2002, Regulation 34/03, and may be used and/or disclosed for administrative, statistical and/or research purposes of the College and/or the ministries or agencies of the Government of Ontario and the Government of Canada. If you have any questions concerning the collection and use of personal information, please contact the Privacy Office at (416) 491-5050 extension 77846 or email privacyoffice@senecacollege.ca.

I have read the above statement and hereby authorize the release of information contained herein to the above mentioned.

Applicant Signature: _____ Date: _____