



# Alberta Business and Health Institute

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## INTERNATIONAL STUDENTS PROGRAM

### International Student Application Form

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To aid international students, ABHI has created a checklist to guide in the application process.

#### APPLICATION CHECKLIST

- 1. Completed Application Form
  
- 2. Application fee of CAD \$300 (non-refundable)
  
- 3. High school diploma and/or transcripts
  
- 4. Proof of English Language Proficiency
  
- 5. Copy of Passport Page with Photo
  
- 6. Copy of valid Study Permit (if applicable)

International Students Application Form - ABHI

**Section 1 – Personal Information**

Family Name (as it appears on your passport)	Given Name (as it appears on your passport)	
	Preferred name	
Date of Birth (yy/mm/dd)	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Citizenship	Other Language(s) Spoken	
Permanent Address in Home Country		Postal Code
City	Province/State	Country
Phone	Email Address	

<b>Emergency Contact</b>	
Name	Relationship to Student
Phone	Email
Do you have physical/mental concerns that we must know about?	Do you have any allergies that we must know about?

## Section 2 – Program Selection

Please choose 2 programs you would like to apply for, listed in order of interest. (Number 1 being your first choice)

1. Program Title (first choice)	Program start date
2. Program Title (second choice)	Program start date

## Section 3 – Educational History

High School Education		
Institution Name		Country
Credential Earned	Start Date (yy/mm/dd)	End Date (yy/mm/dd)

Post Secondary Education (college or University)		
1. Institution Name	Country	
Credential Earned	Start Date (yy/mm/dd)	End Date (yy/mm/dd)
2. Institution Name	Country	
Credential Earned	Start Date (yy/mm/dd)	End Date (yy/mm/dd)

Language Proficiency Assessment: IELTS <input type="checkbox"/> CLB <input type="checkbox"/>	
Original documentation required	
Credential Earned	Date of validity: from (yy/mm/dd) to (yy/mm/dd)

## DECLARATION OF APPLICANT

\_\_\_ 1. I declare that all information therein is accurate and complete.

\_\_\_ 2. I understand that if any part of the application is false, ABHI has the right to cancel my application.

\_\_\_ 3. I understand that ABHI has the right to request additional documents or information as they deem fit.

\_\_\_ 4. I understand that it is my responsibility to comply with all ABHI policies and procedures.

\_\_\_ 5. I understand that the application fee is non-refundable and that processing of any application will be halted until this payment is made in full.

\_\_\_ 6. I agree to secure health insurance to provide coverage for the duration of my program.

\_\_\_ 7. I understand that my admission to the institute is subject to assessment of my qualifications and availability of classroom seats.

\_\_\_ 8. In consideration of Alberta Business and Health Institute registering me for an academic program, I hereby release ABHI, its staff, employers, agents, servants, agents, contractors and subcontractors that arise out of or are related in any way to my involvement in any program and all associated activities.

\_\_\_ 9. I have read and understood all ABHI's policies and procedures, including the Refund policy and the Student Handbook. I understand that misrepresentation of any information is sufficient grounds for canceling my admission or registration.

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Signature of Applicant

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Date