



INTERNATIONAL ADMISSION APPLICATION

Master of Business Administration in Community Economic Development

Term Applied For: Sept - Apr July - Dec January

Please Print

1. Mr. Ms. Mrs. Miss Family Name First Name Middle Name

2. Address (give complete details):

Street/Apt.#: _____

City/Town: _____ Province/State: _____ Country: _____

Postal Code: _____ E-mail Address: _____

Telephone home: _____ work: _____ fax: _____

cell/mobile: _____

3. Mailing Address (if different from above):

Street/Apt.#: _____

City/Town: _____ Province/State: _____ Country: _____

Postal Code: _____

4. Gender: Male Female Birth Date: / / Marital Status: Single Married
Year Month Day

5. Citizenship: Canadian Citizen Landed Immigrant Date of Entry into Canada: _____

6. Mother Tongue: English French Mi'kmaq Other: _____

7. Do you require help due to disability? Mobility Hearing Other: _____
 Learning Vision

8. Previous education information:

Institution Attended: _____ Years: _____ Area of Study: _____ Degree Granted: _____

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9. How did you hear about Cape Breton University? _____

10. Employment Experience (list most recent first)

Employer: _____ Years: _____ Positions: _____

Employer: _____ Years: _____ Positions: _____

Employer: _____ Years: _____ Positions: _____

11. References:

Name: _____ Title: _____ Organization: _____

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Standard Admission Requirements

- a completed application form, with the non-refundable application fee
- official transcripts for all previous post-secondary study
- a resume detailing employment experience, skills, community involvement, and interests
- a 500-800 word statement on desire to enter the program
- three references, preferably including one professional and one academic reference, each accompanied by a completed reference form
- satisfactory scores on the GMAT
- satisfactory scores on the TOEFL/IELTS (for students whose native language is not English)
- satisfactory performance in an interview

Reference letters must be originals, sent directly by the referees. Only official transcripts sent by the Registrar of the issuing institution will be accepted. The Educational Testing Service must forward GMAT and TOEFL/IELTS score reports. Photocopies of any of these documents will not be accepted.

Students must submit an \$88.00 application fee that is not refundable. Make cheque or money order payable to Cape Breton University. If you plan to seek residence accommodation, you must submit a residence application.

The application cannot be processed until all of the above requirements are met. To ensure consideration, endeavour to have all documents forwarded as soon as possible. Mail to:

Student Services	Tel: 1-888-959-9995 / 902-563-1117
Cape Breton University	Fax: 902-563-1371
PO Box 5300, 1250 Grand Lake Rd	E-mail: admissions@cbu.ca
Sydney, Nova Scotia, B1P 6L2	Web Site: http://www.cbu.ca/

Please be advised that if you do not register at Cape Breton University within one year of this application, your application information will not be retained on file.

NOTE: If you plan to seek transfer credits or prior learning assessment credits, you must fill out the appropriate form and pay the application fee. Forms are available at the Student Services Centre and on the Cape Breton University Website.

I agree to abide by the regulations of Cape Breton University. I certify that the information provided is correct.

Signature

Date

Third Party Letter of Authorization for Submission of Application and Consent to Use and Disclosure of Personal Information and Conditions of Application

I. AUTHORIZATION

I _____ (student name) hereby authorize _____ (Agent) to act on my behalf to complete and submit an application on my behalf to Cape Breton University and carry out all acts related to my application and admission to Cape Breton University. I understand and agree that I will be bound by any acts carried out by the Agent on my behalf and such acts will have the same effect as if they were performed by me. This authorization is valid for one (1) year from the date of signature, unless Cape Breton University receives further written notice from me extending or rescinding this authorization.

II. CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION

I hereby authorize the release of my admissions status, name, student number, citizenship, enrolment status, program and confirmation of tuition paid, to the Agent (or any other agent designated by me) upon submission of my application to Cape Breton University and while enrolled as a student at Cape Breton University.

III. CONSENT TO CONDITIONS OF APPLICATION

By signing this document, I also acknowledge the following conditions to the application to Cape Breton University submitted on my behalf:

- I agree that failure to list and provide previous, in-progress or completed transcripts from all institutions I attended on the application may be considered an intentional omission and can lead to the cancellation of my application for admission or withdrawal of my offer of admission.
- I agree that details concerning my application, enrollment, or any falsification of information may be provided to other institutions including the Association of Registrars of the Universities and Colleges of Canada, in accordance with the Freedom of Information and Protection of Privacy Act.
- I understand that by submitting an application, I consent to the sharing of the information supplied with faculty and staff who are facilitating my success at Cape Breton University. I understand that if I enroll in a co-operative program, I consent to the release of my academic record to prospective employers.
- I agree that supporting documents submitted to Cape Breton University are recorded and shredded to protect privacy and will not be returned under any circumstances. Further, neither the documents nor copies of the documents will be issued to third parties. Cape Breton University reserves the right to request an original document from the issuing institution.

- I agree that Cape Breton University reserves the right, without liability or penalty and without notice, to make changes to its policies and offered services and programs, including alteration of fees, cancellation of particular courses and changes to financial policies including the Refund Policy. Every student accepted for registration in Cape Breton University shall be deemed to have agreed to any such changes, whether made before or after said acceptance.
- I confirm that all information submitted in the application is my own, factually true, and honestly presented. I authorize review of my application. I authorize all schools/institutions attended to release any requested records. I understand that I may be subject to a range of possible disciplinary actions, including withdrawal of my offer of admission or dismissal, should the information I confirmed be false.
- I have read and consent to the Student Authorization and Consent noted below. Your consent is required to submit your application and process a request for a Provincial Attestation Letter (PAL).

Student Authorization and Consent

1. As of January 22, 2024, the Department of Immigration, Refugees and Citizenship Canada ("IRCC") requires that a provincial attestation letter (PAL) be included with certain study permit applications. I authorize Cape Breton University to act on my behalf for the purpose of obtaining a PAL from the Nova Scotia Department of Advanced Education ("Advanced Education"), including:
 - a. requesting a PAL on my behalf;
 - b. receiving the results of my request for a PAL, including receiving the PAL itself (if issued);
 - c. requesting my PAL be amended in the event of an error or omission; and
 - d. communicating with Advanced Education with respect to (a) – (c).
2. I understand and acknowledge that Advanced Education is a public body within the meaning of the Nova Scotia *Freedom of Information and Protection of Privacy Act*, SNS 1993, c. 5 ("FOIPOP") and is authorized to collect, use and disclose my personal information in accordance with FOIPOP.
3. I understand and acknowledge that when a request for a PAL is made on my behalf Advanced Education needs to collect my personal information, including my name, date of birth, contact information, and information about my program of study and enrollment status at Cape Breton University.
4. I consent to **Advanced Education using my personal information for the following purposes:**
 - a. processing requests from Cape Breton University to issue a PAL on my behalf;
 - b. issuing a PAL in the form and content required by IRCC;
 - c. developing, monitoring, auditing and evaluating the policies and processes related to PALs and the International Student Program that may be developed or implemented by Advanced Education or IRCC; and
 - d. supporting program integrity, including the detection and deterrence of fraud and quality assurance activities by the Province or IRCC, and supporting compliance with applicable provincial and federal law.
5. I consent to Advanced Education disclosing my personal information:
 - a. to Cape Breton University for the purposes set out in paragraph 4;
 - b. to IRCC, as necessary, for the purpose of verifying a PAL provided to me; and
 - c. to IRCC for the purposes set out in paragraph 4(c) and (d), subject to an information sharing agreement between Advanced Education and IRCC.
6. I understand and acknowledge that Advanced Education may disclose my personal information **without my consent** if the disclosure is required or authorized by FOIPOP or an order issued by a court of competent jurisdiction.
7. I understand and acknowledge that Advanced Education will only issue **one** PAL to me between the date the PAL is issued and the date it expires. During this time period, no other Nova Scotia designated learning institution can obtain another PAL on my behalf.
8. I understand and acknowledge that this consent and authorization is valid for one (1) year after the date it is signed, unless I revoke it in writing by contacting Cape Breton University.
9. I understand and acknowledge that if I have any questions about the collection, use, retention, disclosure, or destruction of personal information by Advanced Education, I may contact postsecondary@novascotia.ca.

Full Name: (printed) _____

Signature: (must be with pen, e-signatures are not acceptable) _____

Date: _____

WITNESS - Full Name: (printed) _____

Signature: (must be with pen, e-signatures are not acceptable) _____

Date: _____