

REGISTRATION FORM FOR FULL or PART TIME PROGRAM

Write a check mark ✓ in the correct place: Male ☐ Female ☐

Print in CAPITAL LETTERS in the boxes only:

Last Name

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First Name

--	--	--	--	--	--	--	--

Write in words where possible:

Date of birth: Month: _____ Day: _____ Year _____

Student's birth country: _____ Student's nationality: _____

Write your address as it appears on an envelope:

Apt # _____ Street _____

City: _____ Province _____ Postal Code _____

Phone Number

			-				-				
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Email Address

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Fill your type of program:

☐ Full Time (Day program)

☐ Part Time (Evening program)