



WILLIS
INTERNATIONAL
EDUCATION
CENTER

Willis College of Business & Technology

110 Years of Excellence!
85 O'Connor Street
Ottawa, Ontario, Canada K1P 5M6
Tel: 011 613 233 1128 Fax: 011 613 233 9286
www.williscollege.com



INTERNATIONAL STUDENT REGISTRATION FORM

SECTION A: PERSONAL INFORMATION

First Name: _____ Last Name: _____ Male _____ Female _____
 Birthday (mm/dd/yy): ____/____/____ Nationality: _____ First Language: _____
 Address: _____
 City: _____ Province: _____ Country: _____ Postal Code: _____
 Telephone: (____) _____ Fax: (____) _____ Email: _____
 Passport Number #: _____

SECTION B: STUDENT INFORMATION

INTERNATIONAL STUDENT ONLY: I am currently **NOT IN** Canada _____ I am currently **IN** Canada _____
 Type of Visa: _____ Visa # _____ Expires On: _____
 I am a Transfer Student My program of study was _____
 School Name: _____
 School Address: _____
 I found Willis College through: (Circle) Ads Friend Website Other Agent (Name _____)

SECTION C: ACADEMIC HISTORY

Education	Name of School	Program of Study	Completed	Diploma/Degree
High School			Yes No	
Post Secondary			Yes No	
Other			Yes No	

SECTION D: PROGRAM OF STUDY AT WILLIS COLLEGE OF BUSINESS & TECHNOLOGY

Choice #: 1

Choice #: 2

Choice #: 3

Which Semester you plan to enter (Year _____): Fall Winter Summer Other

SECTION E: FEES

Registration Fee	CAD \$ 250
Program Tuition Fee	CAD \$
Books & Materials Fee	CAD \$
Total Amount =	CAD \$

Payment Method: Cash Bank Transfer

DECLARATION: The undersigned applicant confirmed that:

- I have read and understood pre-paid tuition (less non-refundable registration \$250) will only be refunded if my Study Permit application has been rejected by the Canadian Immigration authority.
- I declare that I have completed this application and that all statements made with respect to this application are true and complete. and
- I agree to observe all the regulations of Willis College of Business & Technology as stated in the Student Handbook.

Signed by Applicant: _____ Date: _____ Witnessed by: _____

OFFICE USE ONLY

STUDENT ID #: (Leave blank) _____ Date: _____
 Willis authorized representative (Name) _____
 Company: _____ City: _____ Agent Name: _____
 Agent Signature: _____