



WILLIS COLLEGE

OF BUSINESS, HEALTH AND TECHNOLOGY
Over 110 Years of Career Training Excellence!
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				
Choice #: 1 _____				
Choice #: 2 _____				
Choice #: 3 _____				
Desired start date: Year ____ Time of Year: (circle one) Fall Winter Spring Summer				
SECTION E: FEES				
Registration Fee			CAD \$ 200	
Program Fee (a minimum deposit of 20% of total fees are required)			CAD \$	
Total Amount =			CAD \$	
Payment Method: Cash Bank Transfer				
DECLARATION: The undersigned applicant confirmed that: <input type="checkbox"/> I have read and understood pre-paid tuition (less non-refundable registration \$200) will only be refunded if my Study Permit application has been rejected by the Canadian Immigration authority. <input type="checkbox"/> I declare that I have completed this application and that all statements made with respect to this application are true and complete. and <input type="checkbox"/> I agree to observe all the regulations of Willis College of Business, Health & 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: _____ _____				