



WILLIS COLLEGE

BUSINESS • TECHNOLOGY • HEALTHCARE

EST. 1896

INTERNATIONAL STUDENT REGISTRATION FORM

SECTION A: PERSONAL INFORMATION

First Name: _____ Last Name: _____
 Male Female Date of Birth (dd/mm/yyyy): ____/____/____ Nationality: _____
 Native Language: _____
 Address: _____ City: _____ Country: _____ Postal/ ZIP Code: _____
 Telephone #: _____ Passport #: _____
 Email Address: _____

SECTION B : STUDENT INFORMATION

INTERNATIONAL STUDENT ONLY:(check one)

I am currently NOT IN Canada
 I am currently IN Canada
 I have a Student Visa

Type of Visa: _____ Visa#: _____ Expires(mm/dd/yy): _____

I am a Transfer Student

My program of study was _____ School Name: _____

School Address: _____

I found Willis College through: (Circle one) Ads Friend Website Other
 Agent (Name _____)

SECTION C: ACADEMIC HISTORY

Education	Name of School	Program of Study	Completed (circle one)	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

DECLARATION: I, t h e undersigned applicant, confirms that I have completed this application and that all statements made with respect to this application are true and complete. I agree to observe all the regulations of Willis College of Business, Technology, Healthcare as stated in the Student Policy Guide.

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

OFFICE USE ONLY: STUDENT ID #: (Leave blank) _____ Date: _____

Willis authorized representative (Name): _____

Agent Name: _____ City: _____ Agent Signature: _____