



## 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, the 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:** \_\_\_\_\_