

AGENT INFO

				Agency Name:	
				Permit Number:	
				Telephone:	
ILITEDA: 4 7: 0 .	OT::5=::		TION FORM	Email:	
INTERNATION	IAL STUDEN	REGISTRA	ATION FORM		
		S	TUDENT INFORMAT		
Decement #				Date:	
Passport #:				Month Day Year	
Date of birth:			City of birth:	Country of birth:	
	Month Day	Year	•		
Last Name:			F	First Name:	
Address:					
Address.			Indicate the Canadian Residential Ad	ddress if Available	
City:			Province/State:	Postal Code:	
<u>-</u>			1 TOVITICE/State.		_
Student E-mail:				Telephone: () - Mobile () -	
Do you have your	CAQ?	Yes	□No	Mobile ()	
Do you have a Study permit?		Yes	No		
Do you have a wo		Yes	No		
	^				
PROGRAM(S) OF INTE	REST			
Indicate your cho	ice of program:				
Microcomputors	and Notworking		Graphic Design for the Web	b Industrial Design	
☐ Microcomputers and Networking ☐ Computer Aided Design and Drafting			Programmer Analyst	Residential and Commercial Drafting	
Business Admini		\rh	Sustainable Architecture	Computing Support	
3D Animation	mmerce Import/Expo	ort	Early Childhood Care Interior Design	Accounting	
Indicate session s	s <i>tart:</i> Sprir	ng 🔲 Fal	I Winter		
		_	_		
Name of Father			NI-	C. Marthau	
Name of Father	<u>'</u>			ame of Mother:	
Last:			La		
First:			Fir	rst:	
	Please check	with Admission	s Counselor regarding class a	availability, start dates and times.	