

## • Student Information

Last Name\*:

\*As it appears on passport

Date of Birth:

YYYY / MM / DD

Home Address:

City/Province:

Country:

Email:

Skype ID:

First Name\*:

\*As it appears on passport

Gender:

Male

Female

X

Postal Code:

First Language:

Telephone:

Status:

Domestic

International

## • Location

Vancouver

Toronto

## • Program

### School of Business

### Start Dates

- |  |                                     |                                     |
|--|-------------------------------------|-------------------------------------|
| <input type="radio"/> Sales & Marketing Diploma<br>52 weeks                  | <input type="radio"/> Jan. 6, 2020  | <input type="radio"/> Sep. 7, 2020  |
| <input type="radio"/> Sales & Marketing Diploma with Co-op<br>92 weeks       | <input type="radio"/> Mar. 30, 2020 | <input type="radio"/> Nov. 23, 2020 |
| <input type="radio"/> Business Administration Diploma<br>52 weeks            | <input type="radio"/> Jun. 15, 2020 |                                     |
| <input type="radio"/> Business Administration Diploma with Co-op<br>92 weeks |                                     |                                     |

### School of Customer Service

### Start Dates

- |   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
| <input type="radio"/> Communication & Service Essentials<br>Certificate 30 weeks        | <input type="radio"/> Jan. 6, 2020  | <input type="radio"/> Jun. 29, 2020 |
| <input type="radio"/> Communication & Service Essentials<br>Diploma with Co-op 60 weeks | <input type="radio"/> Feb. 18, 2020 | <input type="radio"/> Aug. 17, 2020 |
| <input type="radio"/> Service Essentials for Business Diploma<br>with Co-op 40 weeks    | <input type="radio"/> Mar. 30, 2020 | <input type="radio"/> Sep. 28, 2020 |
| <input type="radio"/> Service Excellence for Business Certificate<br>26 weeks           | <input type="radio"/> May 19, 2020  | <input type="radio"/> Nov. 9, 2020  |
| <input type="radio"/> Service Excellence for Business Diploma<br>with Co-op 48 weeks    |                                     |                                     |

• **Program**

School of Health Care	Start Dates
<input type="radio"/> Health Administration Diploma 52 weeks	<input type="radio"/> Jan. 6, 2020 <input type="radio"/> Aug. 10, 2020
<input type="radio"/> Health Administration Diploma with Co-op 92 weeks	<input type="radio"/> Mar. 16, 2020 <input type="radio"/> Oct. 19, 2020
	<input type="radio"/> May 25, 2020

• **Agent Information** (if applicable)

Agency:

Contact Person:

Agent Email:

• **Additional Services**

Will you require accommodation?

- Yes
- No
- Will decide later

Accommodation type	Length of Stay
<input type="radio"/> Homestay	_____ weeks
<input type="radio"/> Residence (on request)	
Arrival Date:	____ / ____ / ____ <small>YYYY / MM / DD</small>
Airport Pick-up:	<input type="radio"/> Yes <input type="radio"/> No

Would you like to buy medical insurance with ILAC IC?\*

\*It is mandatory for you as an ILAC IC student to have insurance during your stay in Canada. You may purchase with a private provider or ILAC IC.

- Yes
- No
- Will decide later

Do you have medical issues we should be aware of?

- Yes
- No

If yes, please explain:

Do you have any allergies?

- Yes
- No

If yes, please explain:

Do you have food restrictions?

- Yes
- No

If yes, please explain:

Do you smoke?

- Yes
- No

• Do you plan to continue your studies at a public University or College in Canada after finishing your program with ILAC International College?

- Yes
- No
- Will decide later

•  I have read and understand all of ILAC International College policies & procedures including the Tuition Refund Policy and the Dispute Resolution Policy. I hereby certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my registration may invalidate my registration. If purchasing the insurance directly from ILAC International College, I hereby consent to ILAC International College to releasing my personal information to any third party who applied and/or paid for the services on my behalf. Private information includes, without limitation, full name, date of birth, country of origin, gender, insurance plan type, policy number, policy group, policy ID number, the effective and expiry date of the insurance.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
YYYY / MM / DD