CANADIAN TECHNOLOGY COLLEGE INC.,

CANADIAN TECNONLOGY COLLEGE
2727 Steeles Avenue West, Suite # 305
Toronto, Ontario M3J 3G9 Canada

REGISTRATION FORM

This Registration Form is subject to the *Private Career Colleges Act, 2005* and the regulations made under the Act.

The undersigned person hereby enrols as a student of Canadian Technology College as of _____[insert date] for the following:

Name of Student Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ _____

Name of Program _____

Commencing on _____ Expected Completion Date_____

Credential to be Awarded Upon Successful Completion of the Program _____

Date of Birth _____

Mailing Address_____

City _____ Province _____ Postal Code _____

Phone _____ Alternative Phone _____

Permanent Address _____

City _____ Province _____ Postal Code _____

Country_____

Phone _____ Email Address _____

International Student ☐ Yes ☐ No

Location of Practicum _____ Toronto _____

How did you find about us

☐ Friend/Relative ☐ Search engine (google, bing, etc…) ☐ Government of Ontario/Canada website

☐ Facebook ☐ Twitter ☐ LinkedIn

☐ Other Please, specify: _____

Admission Requirements

☐ Have an Ontario Secondary School Diploma or equivalent;

_____ Date _____

(Signature of Student)