

REGISTRATION FORM

A Student Information

Last Name:

E-mail:

First Name:

Country:

City:

Gender: M F X:

Address:

Chosen Name:

Province:

Postal Code:

Date of Birth:

YYYY

MM

DD

Emergency Contact Name:

Nationality:

Emergency Contact Phone:

Primary Language:

Are you currently in Canada?

Yes

No

Passport #:

Are you planning on attending a university or college in Canada?

Yes

No

WhatsApp Phone:

B Full-Time Program

Full Time (20 lessons per week)

Monday - Friday



☐ Slot 1 ☐ Slot 2 ☐ Slot 3

Slot 4

Slot 5

Some programs are not available in every time slot. Please speak to an admissions advisor for more details. If you are unsure what time your lessons start in your time zone, please visit ilac.com/ilac-kiss-virtual

General

Test Preparation (TEF & TCF)

Number of Weeks:

Weeks

Start Date:

YYYY

MM

DD

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Pathway College Info

C

Please complete this section if you selected "**University Pathway**" as your program.

College / University Name:

Undecided

Program Name:

Undecided

Program Level: **Master** **MBA** **Postgraduate** **Diploma** **Associate Degree** **Bachelor Degree** **Certificate**

I have applied to a college:

Yes

No

Start Date:

I will do the college application with the ILAC Pathway department:

Yes

No

The agency is doing the application directly with the college/university:

Yes

No

Agent

D

Have you been in contact with an agent?

Yes

No

Agency:

City:

Country:

Contact Agent:

Agent Email:

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. I have read and understand all of ILAC policies & procedures including the [Tuition Refund Policy](#).

I, understand that study permits cannot be issued for programs that are solely distance learning and that all study permit holders must actively pursue their course or program of study while they are in Canada.