



UNIVERSITY PATHWAY PROGRAM ENGLISH FOR ACADEMIC PURPOSES

Registration Form

A Student Information	Last Name:				E-mail:			
	First Name:				Country: <small>(of birth)</small>	City:		
	Gender:	M	F	X:	Are you currently in Canada?	Yes	No	
	Chosen Name:				WhatsApp Phone:			
	Date of Birth:	YYYY	MM	DD	Primary Language:			
	Nationality:							

B Program	Full Time (20 lessons per week) Monday - Friday or Sunday - Thursday	➔	Slot 1	Slot 2	<input type="radio"/> Slot 3	Number of Weeks:	Weeks
			Slot 4	Slot 5		Start Date:	YYYY MM DD

Not sure how long to register? [Book an appointment](#) with an Academic Advisor to make your customized study plan

C Pathway Info	I have already applied to a college/university:	Yes	No	Start Date:	YYYY	MM	DD
	College / University Name:	Undecided					
	Program Name:	Undecided					
	I will use ILAC Pathway services to apply to a college or university:	Yes	No	If you have a college/university letter of acceptance, please provide it to us during your application.			
	The agency is doing the application directly with the college/university:	Yes	No				

D Agency	Agency Name (if applicable):	
	Agency 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.

I, understand I am responsible to bring my own device to class to facilitate learning where necessary.