



REGISTRATION FORM



	Last Name:		E-mail:		
	First Name:		Country:	City:	
	Gender: M	F X:	Address:		
tion	Chosen Name:		Province:	Postal Code:	
Student Information	Date of Birth:				
t Info	Nationality:		Emergency Contact Name:		
dent			Emergency Contact Phone:		
Stu	Primary Language:		Are you currently in Canad	la? Yes No	
	Passport #:		Are you planning on attending university or college in Canada		
	WhatsApp Phone:				
	Cambridge Test	Token Number:	Results:	Test Date:	
rogram	Full Time (20 lessons per week) Monday - Friday or Sunday - Thursday	Slot 1 Slot 2 Slot Slot 4 Slot 5	to an admissions advisor for i	able in every time slot. Please speak more details. If you are unsure what ır time zone, please visit ilac.com/	
(B1) Full-Time Program	General English Cambridge English (FCE IELTS Preparation	Business English , CAE & CPE) University Pathway	Number of Weeks: Start Date:	Weeks	
E	Part Time				
ogra	(8 lessons per week, Mon - Thu)	(4 lessons per week) Time Slot 6A (Mon + Wed) (7:00am	to an admissions advisor for i	able in every time slot. Please speak more details. If you are unsure what ir time zone, please visit ilac.com/	
Pre	Time Slot 6 (7:00am ET)	Time Slot 6B (Tue + Thu) (7:00am ET	ilac-kiss-virtual	· · · · · · · · · · · · · · · · · · ·	
Part-Time Program	Time Slot 7 (7:30pm ET)	Time Slot 7A (Mon + Wed) (7:30pm Time Slot 7B (Tue + Thu) (7:30pm ET		Weeks	
B2 Pa	Foundation English	Academic English	Start Date:		





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0	Please complete this section if you selected "University Pathway" as your program.					
College Info	College / University Name:	Undecided				
	Program Name:	Undecided				
athway (Program Level: Master MBA Postgraduate Diploma Associate Degree	Bachelor Degree Certificate				
C Path	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				
r						
D Agent	Have you been in contact with an agent? Yes No					
	Agency: City: 0	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 <u>Tuition Refund Policy</u>.

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.