

REGISTRATION

PORTANT
 PRESS FIRMLY
 DO NOT WRITE IN SHADED ZONE
 WRITE IN SQUARE LETTERS
 ANSWER ALL SECTIONS

REGISTRATION # _____ SESSION F- ___ W- ___ S- ___
 PERM. CODE _____

A. APPLICANT IDENTIFICATION

LAST NAME _____ FIRST NAME _____
 DATE OF BIRTH: y m d _____ SEX: M F
 MOTHER TONGUE: FRENCH 1 ENGLISH 2 OTHER 3 LANGUAGE AT HOME: FRENCH 1 ENGLISH 2 OTHER 3
 SOCIAL INSURANCE NUMBER _____ PLACE OF BIRTH: _____

B. PERMANENT ADDRESS

NO. _____ STREET _____ APT. NO. _____
 CITY _____ PROVINCE _____ POSTAL CODE _____
 TEL. # HOME _____ TEL. # WORK _____ EXT. _____
 OTHER _____

C. OTHER INFORMATION

RESIDENCE
 QUEBEC
 ELSEWHERE IN CANADA
 OUTSIDE CANADA

LEGAL STATUS OF RESIDENCE IN CANADA
 CANADIAN
 OTHER

CITIZENSHIP
 1 CANADIAN
 2 NATIVE
 3 INUIT

IF NON-CANADIAN SPECIFY YOUR STATUS:
 4 PERMANENT RESIDENT
 5 STUDENT VISA
 6 OTHER

OCCUPATION LAST 6 MONTHS
 STUDIES
 WORK
 OTHER

FATHER'S NAME (EVEN IF DECEASED) _____ MOTHER'S NAME (AT BIRTH EVEN IF DECEASED) _____
 FATHER'S FIRST NAME _____ MOTHER'S FIRST NAME _____

D. PREVIOUS STUDIES

BELOW SECONDARY 5
 GRADE 11

GRADE 12
 SECONDARY 5 (general)

SECONDARY 5 (professionnal)
 OTHER: _____

HAVE YOU EVER TAKEN COURSES IN A CEGEP? YES NO
 IF YES, NAME THE CEGEP: _____

E. WORK INFORMATION

EMPLOYER'S NAME _____ Job title _____
 ADDRESS _____
 CITY _____ PROV _____ POSTAL CODE _____ E-mail _____

F. REGISTRATION & COURSE CHOICE/S

Title of the program : _____ # _____

GROUP	COURSE #	COURSE TITLE

Admittance fees \$ _____
 Registration fees \$ _____
 Related fees \$ _____
 Academic fees \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

Cheque Cash TOTAL \$ _____

Cegep / authorized signature _____

RECOGNIZE THAT THE INFORMATION ABOVE IS ACCURATE AND I AUTHORIZE THE CEGEP TO VERIFY THE ANNEXED DOCUMENTS PERTAINING TO THIS REGISTRATION.

WHEN ADVERTIZED COURSES ARE GIVEN BY THE CEGEP THERE WILL BE NO REFUND AFTER THE DEADLINE.

STUDENT SIGNATURE _____ DATE _____

TO BE COMPLETED BY APPLICANT

Admission Based on School Formation And Sufficient Experience

Last name	First name	Birth date YY MM DD
Adress – number	Street	Apartment P.O.Box
City / Town	Postal Code	Phone number
		Phone number (other)

Admission required for :	Program (number and/or title)
	Course (number and/or title)

What are the particular competence, pertinent experience, and personal qualities which justifies your admission and guarantee school success? Ex : Perseverance/ Work Methods/ Reading Habit/ Interesting Subjects.

Indicate occupied employ (job title) with dates of employment, employers and contact information. Tell us about your responsibilities in each of these job ans the relevance of your experience for your admission request.

Name the favorable elements of your employability profile. Example : your personal assets, your motivation, your obligations and responsibilities.

--

If necessary would you submit to an aptitude tests (Test TOWES, french or others)? Fees may be required.	Yes	No
--	------------	-----------

You may have to follow strict formation before being admitted permanently. Would you bend to our demands	Yes	No
--	------------	-----------

According to the program, if necessary, do you agree to participate in an interview for your admission request?	Yes	No
---	------------	-----------

Enclose an understanding or letters of employer to this request?	Yes	No
--	------------	-----------

Enclose your resume showing your experiences with this request?	Yes	No
---	------------	-----------

Enclose all pertinent elements to your request. Example : training course, activity abroad, uncredited training, etc.

--

Date	Signature
-------------	------------------