

COURSE REGISTRATION FORM

Since 1988



VANWEST COLLEGE

SECOND FLOOR
1016 NELSON STREET
VANCOUVER,
BRITISH COLUMBIA
CANADA V6E 1H8

TELEPHONE:
(604) 731-5256
FACSIMILE:
(604) 739-0913
E-mail: info@vanwest.com

WWW.VANWEST.COM

AGENT NAME

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Personal Information

(Please make sure that you complete all sections for this form)

First Name	Last Name	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address		Country	
Phone	Fax	E-mail	
Date of Birth (MM/DD/YY)	Nationality	Location <input type="checkbox"/> Vancouver <input type="checkbox"/> Kelowna	
Are you a returning student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Status In Canada <input type="checkbox"/> Visitor Visa <input type="checkbox"/> Student Visa <input type="checkbox"/> Landed Immigrant		
Do you need a Medical Insurance (approx \$60 Cdn/month)? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Emergency Contact

Name	Phone	Fax/Cell/E-mail
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Selected Programs

* Not all program offered in Kelowna

Course Name:	# Week(s)	Starting from (MM/DD/YY)	To (MM/DD/YY)
Course Name:	# Week(s)	Starting from (MM/DD/YY)	To (MM/DD/YY)

Homestay Information

Do you want a VanWest Homestay? Yes No

Homestay Period From (MM/DD/YY)	To (MM/DD/YY)	English Speaking Ability:
Interests and Hobbies:		<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Do you smoke? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are there any foods you cannot eat? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, please specify:		
Do you have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, please specify:		
Do you have any medicine that you take regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, please specify:		
Do you like animals? <input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> No Pets <input type="checkbox"/> Does not matter		
Placement preference: Please list order of preference from 1 to 3 (VanWest cannot guarantee first choice)		
() Family with young children () Family with teenagers () Adult(s) with no children		
Comments or Special Requirements:		

Arrival Information

(please advise arrival details when confirmed)

Expected Arrival Date in Vancouver (MM/DD/YY)	Airline, Flight Number and Time of Arrival
Do you want to be picked up at the airport? <input type="checkbox"/> YES <input type="checkbox"/> NO - If yes, <input type="checkbox"/> One Way <input type="checkbox"/> Return	
Send completed application form and fees to VanWest College (address above).	
All fees must be paid two weeks prior to your starting date at VanWest College.	

Wire Transfer Information:

<p>VW Vancouver</p> <p>Transfer Canadian Funds to: Royal Bank of Canada 1497 West Broadway Vancouver, British Columbia, V6H 1H7, Canada Sort Code: CC000305080 Beneficiary: VanWest College Account: #100-122-1</p>	<p>VW Kelowna</p> <p>Transfer Canadian Funds to: Royal Bank of Canada 1497 West Broadway Vancouver, British Columbia, V6H 1H7, Canada Sort Code: CC000305080 Beneficiary: VanWest College Account: #100-043-9</p>
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I declare that the information I have given is correct and accurate. I have read and understand this contract and the payment procedure. I understand that while effort will be made to match all my requests, no guarantee can be given to match each one.

Signature: _____

Date (MM/DD/YY): _____