CANADIAN BUSINESS COLLEGE

The Professional School

Application for Registration

Personal Information

First Name:

Last Name:

Other (if applicable):

Gender: Male ☐ Female ☐

Date of Birth: DD MM YYYY

Sponsor (if applicable):

Mailing Address:
Canadian Business College (Head Office)
2 Bloor Street West, 22nd Floor
Box 90, Toronto, Ontario
M4W 3E2 Canada

fax: 1 416 925-9220
learn@cbstraining.com

Contact Information

Street:

City: Province/ State:

Country: Postal Code:

Home Telephone:

Business Telephone:

Mobile Number:

E-mail address:

Educational Summary (please attach a copy of your transcripts)

Name of Institution	Province/ Country	Certificate / Degree Obtained	Completion Date

Employment Summary (please attach a copy of your resume)

Dates	Employer	Position/ Duties Performed

Registration Information

Program Name: 1st Choice 2nd Choice

Location: Toronto ☐ Mississauga ☐ Scarborough ☐ Preferred Start Date: DD MM YYYY

Payment Method: Cheque ☐ Cash ☐ Credit Card ☐ Student Loan ☐ Other

Card Number: Expiry Date: MM YY

Tuition Amount: $ Deposit*: $ Balance: $

Signature: Date: DD MM YYYY

* Minimum $500 deposit required to register

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