



Student Application

***Please complete application form and send to laura@kliweb.com or fax to 011-613-542-5241

Applicant Information

Full Name: _____ Birth Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City Country

Phone: () _____ E-mail Address: _____

Start Date: _____ End Date: _____ Date of Arrival: _____

Course Applied for: _____

	PT	FT
Do you want to study part-time/full-time?	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO
Will you be requiring home stay?	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO
Have you studied in Canada previously?	<input type="checkbox"/>	<input type="checkbox"/>

What level do you think do you think your English is at? Beginner _____ Intermediate _____ Advanced _____

Tuition Refund Policy

100% refund: Student authorization denied (proof required) or withdraw 30 prior to start date

75% refund: Withdraw less than 30 days before start date

50% refund: Withdraw within 20% of program duration

0% refund: Withdraw after 20% of program duration

Registration fee is non-refundable

Emergency Contact

Full Name: _____ Relationship: _____

Phone: () _____

Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge and I have read and agreed to the terms and conditions of the Tuition Refund Policy above.

Signature: _____ Date: _____