

CANADA CHRISTIAN COLLEGE

Student Enrollment Form

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone: (____) _____

Email Address: _____ Cell Phone: (____) _____

International Student: _____
(If yes Copy of the Student Visa)

Government Loan: _____
(If yes fill an OSAP Application Form)

Course Selection

Degree: _____ Full/Part-Time: _____

Day	Time	Course	Tuition
Mandatory: Chapel Service			

<p>_____ Applicant's Signature (Agreeing to CCC regulations)</p> <p>Date: _____ Term: _____</p> <p>Approved by: _____</p>	<p>Notes:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 20px;"> <p>Conditions for free 6th course:</p> <ul style="list-style-type: none"> Full-Time student according to the college's policy of 5 courses Full-Time commitment for the whole academic year is required Payment plans should be made for the whole academic year </div>
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