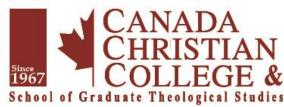


1.

2.



## **Student Contract**

	YEAR:	2020-2021
LAST NAME:	FIRST NAME:	
DATE OF BIRTH:	STUDENT NUMBE	R:
ADDRESS:	AP	Т.:
CITY:	PROVINCE:	
POSTAL CODE:		
TEL. RES.:	TEL. BUS.:	
EDUCATION (HIGHEST GRADE	E COMPLETED):	YEAR:
E-MAIL:		
	TEL. RES.:  TEL. BUS.:  TEL. RES.:  TEL. BUS.:	
COURSE PROGRAM & NAME	<b>.</b>	
Start date:	End date:	
*** All course work is expected to	be completed during this period.	
Total Course Fee \$		
In consideration of you accepting m specified above. Payment method:_	ny application, I hereby agree to pay t	he total tuition fees as
I accept the below Student Attendar	nce Policy:	
Students are allowed a total of 3 a	bsences per semester. Students must a	attend a minimum of

90% of the class time to be counted at present in the class. When students are more than 15

another absences. (2 Tardies = 1 Absence | 3 Absences allowed | 4+ Absences = Failing the course). A student is responsible for notifying their instructor of any absences they see forthcoming. Canada Christian College is required to report absences of 28 or more consecutive days to the Ministry of Education and such absences will affect OSAP eligibility. Canada Christian College does not guarantee employment for any student who successfully completes a program offered by the college. \_\_\_\_\_, allow Canada Christian College to give my name, address, telephone number, e-mail address and other contact information to the Superintendent of Private Career Colleges for the purposes checked below: □ To advise me of my rights under the Private Career Colleges Act, including my rights to a refund of fees, access to transcripts and a formal student complaint procedure; □ To collect information on the performance of Canada Christian College, for example, the percentage of students who graduate from programs and the percentage of graduates who find employment; and ☐ To determine whether Canada Christian College has met the performance objectives required by the Superintendent. I understand that I can refuse to sign this consent form and that I can withdraw my consent at any time for future uses of my personal information by writing to Nikita Abraham of Canada Christian College. I understand that if I refuse or withdraw my consent the Superintendent may not be able to contact me to inform me of my rights under the Act or collect information to help potential students make informed decisions about their educational choices. **International Student Information (if applicable):** Gender: \_\_\_\_\_ Type of Stay (Apartment, Homestay, etc.):\_\_\_\_\_ Country of Origin: Primary Language (Mother Tongue): Study Permit Number: \_\_\_\_\_ Date Admitted into Canada: \_\_\_\_ Study Permit Expiry Date: \_\_\_\_\_\_ Primary Method of Delivery: On Campus Credits Required to Complete Degree or Program: \_\_\_\_\_

minutes late for class, they are marked "Tardy". After receiving 2 Tardies, the student earns

### I acknowledge receipt the following documents in the Student Orientation Manual:

- a copy of the college's fee refund policy, as required under subsection 29 (3) of the Act.
- a copy of the statement of student rights and responsibilities.
- a copy of the college's student complaint procedure, as required under subsection 31 (3) of the Act.
- a copy of the consent to the collection and use of personal information required under subsection 50 (3) of the Act in the wording required under subsection (2).

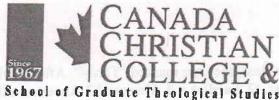
This contract is subject to the Private Career Colleges Act and its regulations.

STUDENT'S SIGNATURE:	 
DATE:	



1.

2.



# Student Contract

	YEAR: 2020-2021
LAST NAME: Hong	FIRST NAME: Gil Dong
DATE OF BIRTH: March 1, 1988	STUDENT NUMBER: 2020 000 0000
ADDRESS: 32 Martin Road	APT.: #123
CITY: North York	PROVINCE:
POSTAL CODE: 5Á4 3B2	
TEL. RES.: 000 - 000 - 7	TEL. BUS.:
EDUCATION (HIGHEST GRADE COMPLET	ED): Yuhan Hah Shar YEAR: 2006
E-MAIL: gildong 2020@agnoil.com	In the Suppositional of the
PERSON TO CONTACT IN CASE OF EME	ERGENCY FEL. RES.: 000 - 000 - 0000
	TEL. BUS.:
T 1	
	TEL. RES.: 000 - 000 - 0000
COURSE PROGRAM & NAME: Bachel	o of Christian Counselling
Start date: Sep 14, 2020	End date: April 9, 2021
*** All course work is expected to be completed	during this period.
Total Course Fee \$	Study Permit Hoping Dates
In consideration of you accepting my application specified above. Payment method: Money Orc	, I hereby agree to pay the total tuition fees as ler
I accept the below Student Attendance Policy:	
Students are allowed a total of 3 absences per segon 90% of the class time to be counted at present in	emester. Students must attend a minimum of the class. When students are more than 15

minutes late for class, they are marked "Tardy". After receiving 2 Tardies, the student earns another absences. (2 Tardies = 1 Absence | 3 Absences allowed | 4+ Absences = Failing the course). A student is responsible for notifying their instructor of any absences they see forthcoming. Canada Christian College is required to report absences of 28 or more consecutive days to the Ministry of Education and such absences will affect OSAP eligibility.

Canada Christian College does not guarantee employment for any student who successfully completes a program offered by the college.

To advise me of my rights under the Private Career Colleges Act, including my rights to a refund of fees, access to transcripts and a formal student complaint procedure;

▼ To collect information on the performance of Canada Christian College, for example, the percentage of students who graduate from programs and the percentage of graduates who find employment; and

**Y**To determine whether Canada Christian College has met the performance objectives required by the Superintendent.

I understand that I can refuse to sign this consent form and that I can withdraw my consent at any time for future uses of my personal information by writing to Nikita Abraham of Canada Christian College. I understand that if I refuse or withdraw my consent the Superintendent may not be able to contact me to inform me of my rights under the Act or collect information to help potential students make informed decisions about their educational choices.

#### International Student Information (if applicable):

Gender: Male Type of Stay (Apartment, Homestay, etc.): Apartment

Country of Origin: Korea Primary Language (Mother Tongue): Korean

Study Permit Number: 00 - 0000 - 0000 Date Admitted into Canada: July 1, 2019

Study Permit Expiry Date: July 31, 2022 Primary Method of Delivery: On Campus

Credits Required to Complete Degree or Program: 120 cred:+s

## I acknowledge receipt the following documents in the Student Orientation Manual:

- a copy of the college's fee refund policy, as required under subsection 29 (3) of the Act.
- a copy of the statement of student rights and responsibilities.
- a copy of the college's student complaint procedure, as required under subsection 31 (3) of the Act.
- a copy of the consent to the collection and use of personal information required under subsection 50 (3) of the Act in the wording required under subsection (2).

This contract is subject to the Private Career Colleges Act and its regulations.

STUDENT'S SIGNATURE:

DATE: August 27, 2020