

IMPORTANT
• PRESS FIRMLY
• DO NOT WRITE IN SHADED ZONE
• WRITE IN SQUARE LETTERS
• ANSWER ALL SECTIONS

REGISTRATION # _____ SESSION F- ___ W- ___ S- ___
PERM. CODE _____

A. APPLICANT IDENTIFICATION

LAST NAME _____ FIRST NAME _____
DATE OF BIRTH: y _____ m _____ d _____ SEX: M F
SOCIAL INSURANCE NUMBER: _____
MOTHER TONGUE: FRENCH ENGLISH OTHER LANGUAGE AT HOME: FRENCH ENGLISH OTHER
PLACE OF BIRTH: _____

B. PERMANENT ADDRESS

NO. _____ STREET _____ APT. NO. _____
CITY _____ PROVINCE _____ POSTAL CODE _____
TEL. # HOME _____ TEL. # WORK _____ EXT. _____
OTHER _____

C. OTHER INFORMATION

RESIDENCE	LEGAL STATUS OF RESIDENCE IN CANADA	CITIZENSHIP	IF NON-CANADIAN SPECIFY YOUR STATUS:	OCCUPATION LAST 6 MONTHS
<input type="checkbox"/> QUEBEC	<input type="checkbox"/> CANADIAN	1 <input type="checkbox"/> CANADIAN	4 <input type="checkbox"/> PERMANENT RESIDENT	<input type="checkbox"/> STUDIES
<input type="checkbox"/> ELSEWHERE IN CANADA	<input type="checkbox"/> OTHER	2 <input type="checkbox"/> NATIVE	5 <input type="checkbox"/> STUDENT VISA	<input type="checkbox"/> WORK
<input type="checkbox"/> OUTSIDE CANADA		3 <input type="checkbox"/> INUIT	6 <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER

FATHER'S NAME (EVEN IF DECEASED) _____ MOTHER'S NAME (AT BIRTH EVEN IF DECEASED) _____
FATHER'S FIRST NAME _____ MOTHER'S FIRST NAME _____

D. PREVIOUS STUDIES

BELOW SECONDARY 5 GRADE 12 SECONDARY 5 (professional)
 GRADE 11 SECONDARY 5 (general) OTHER : _____
HAVE YOU EVER TAKEN COURSES IN A CEPEG ? YES NO
IF YES, NAME THE CEPEG : _____

E. WORK INFORMATION

EMPLOYER'S NAME _____ Job title _____
ADDRESS _____
CITY _____ PROV. _____ POSTAL CODE _____ E-mail _____

F. REGISTRATION & COURSE CHOICE/S

Title of the program : _____ # _____

GROUP	COURSE #	COURSE TITLE

Admittance fees	\$ _____
Registration fees	\$ _____
Related fees	\$ _____
Academic fees	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

Cheque Cash TOTAL \$ _____

I RECOGNIZE THAT THE INFORMATION ABOVE IS ACCURATE AND I AUTHORIZE THE CEPEG TO VERIFY THE ANNEXED DOCUMENTS PERTAINING TO THIS REGISTRATION.

WHEN ADVERTIZED COURSES ARE GIVEN BY THE CEPEG, THERE WILL BE NO REFUND AFTER THE DEADLINE.

STUDENT SIGNATURE _____

DATE _____

Cegep / authorized signature _____