

CANADIAN COMMUNITY COLLEGE
2451 Clearbrook Road, Abbotsford, BC V2T 2Y1

Application for Training Program Registration

Name of the Training Program

Personal Data

1. SurnameFirst Name M/N.....
2. Residential address
3. Mailing address (if different from the above address)
4. Tel No. (h) (w)
5. Date of Birth : dd mm yy
6. Visa status : (Underline whichever is applicable)
citizen/landed immigrant/visitor/student/refugee/diplomat/other
7. Country of citizenship :
8. Education level already achieved: (Attach details, if necessary)
9. Type of employment held, if any :
10. Education/Training goal :
11. Do you have a criminal record? Check: Yes or No.
12. Course selection : (1) (2)
- (3) (4)(5)
12. How did you find out about us? Through (a) newspaper
(b) flyers (c) relatives, or (d) friends?

Declaration by the Student

I hereby certify that the information submitted on this form is true and accurate, and that I understand that falsification of any documents/info will result in immediate cancellation of my registration or admission at the Canadian Community College. Also, I understand that the information provided will be used for the sole purposes of registration, admission, resource development, and other purposes, consistent with the mandate of this college, and may be shared with appropriate educational agencies.
Additionally, I hereby confirm that I understand that to become a licensed security worker in B.C., I must not have any criminal record. (In the case of applicants registering for the BST Program.)

Student Signature Date

For Office Use Only

ID Used..... ID No.
Entrance Test DateTest Result: Passed/Failed
Registration : Granted/Refused Student # assigned, if any
Total fees (Admission + Tuition Fee, etc) receivable: CDN \$
Signature of the Receiver Date

Program start date Program end date
Final exam date Result date
Result (Passed/Failed)

(Signature) / / (Signature)
Principal Date Program Coordinator

