



Higher Diploma in Vocational Teaching Course Registration Form

Email this form to: registrar@foxcollege.ca

INSTRUCTIONS FOR STUDENTS:

1. Complete and sign this form.
2. Mail this form with your payment to the address above. For international students, please transfer fund to

Personal Information

Last Name: _____

First Name: _____ Middle Name: _____

Citizenship: _____ Gender: _____

Date of Birth (mm/dd/yyyy): _____ Country of Birth: _____

Address: _____

Address 2: _____

City: _____ Postal Code: _____

Province: _____ Country: _____

Email Address: _____

Phone Number (with country code & area code): _____

Previous School Attendance:

School Name: _____ School Type: _____

Country: _____ Graduation Date: _____

Where did you first hear about Fox College of Business?

- | | | |
|--|--|---|
| <input type="checkbox"/> Agent | <input type="checkbox"/> Education Fair | <input type="checkbox"/> Canadian Embassy/Canadian Education Centre |
| <input type="checkbox"/> Fox College of College | <input type="checkbox"/> Relative/Friend | <input type="checkbox"/> Guidance Counselor (School) |
| <input type="checkbox"/> Search Engine (Specify) _____ | <input type="checkbox"/> Other (Specify) _____ | |

Declaration: I declare that the information I have supplied is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application and result in the withdrawal by Fox College of Business of a place which may be offered and that this withdrawal may take place at any time during my enrolment.

Signature

Date