



**Student Enrolment Contract  
Short Duration Program**

<b>Canadian Tourism Business Schools Ltd., dba</b>  <b>Canadian Tourism College</b>  <b>Vancouver Campus</b> #501 – 1755 West Broadway Vancouver, BC V6J 4S5 Tel: 604-736-8000 Fax: 604-731-9819 Toll Free: 1-877-731-9810	PCTIA Registration Number: <b>304</b>	Student Number: _____
	This Institution is PCTIA Accredited: <input checked="" type="checkbox"/> <b>Yes</b> <div style="text-align: right;"><input type="checkbox"/> No</div>	
	Surrey Campus #320 – 10362 King George Boulevard Surrey, BC V3T 2W5 Tel: 604-582-1122 Fax: 604-583-4092 Toll Free: 1-800-668-9301	
	Campus Location of attendance: <input type="checkbox"/> Vancouver <input type="checkbox"/> Surrey	

**STUDENT INFORMATION**

Student Last Name _____	Student First Name and Initial _____	
Student Previous Last Name (if applicable) _____	Student Previous First Name and Initial (if applicable) _____	
Student Local Mailing Address (including country) _____	Postal Code _____	
Student Permanent Mailing Address (including country) (if different from above) _____	Postal Code _____	
Student Telephone Number _____	Alternative Telephone Number _____	Student Email Address _____
International Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Student Alternative Email Address _____	

**PROGRAM INFORMATION**

Program Name (as registered with PCTIA) _____			
Program Duration in Hours _____	Program Duration in Months _____	Program Start Date _____	Program End Date _____

**PROGRAM COSTS**

Program Costs in Canadian Dollars (\$CDN):	Amount
• Tuition	\$ _____
• Registration Fee – non refundable	\$ _____
• Textbooks	\$ _____
• Supplies/Materials	\$ _____
• Late or insufficient funds fees (\$25.00 each)	\$ _____
Other (please specify) _____	\$ _____

**TOTAL PROGRAM COSTS** \$ \_\_\_\_\_

**REFUND POLICY**

Tuition for short duration programs are non refundable.

**STUDENT DECLARATION**

I certify that I have read, understood, and agreed to the terms and conditions of this enrolment contract, and that I have received a signed copy of this contract. I certify the information provided by me on this form is true and accurate and that I am 19 years of age or older. *(If under the age of 19, a parent or legal guardian must sign the contract.)*

Student Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_ Date Signed \_\_\_\_\_

**INSTITUTION DECLARATION**

The institution agrees to deliver the program according to the terms of this contract.

Printed Name of Institution Representative \_\_\_\_\_ Position Title \_\_\_\_\_

Signature of Institution Representative \_\_\_\_\_ Date Signed \_\_\_\_\_

**RECEIPT FOR PAYMENT**

The Institution acknowledges having received payment in the sum of: \$ \_\_\_\_\_

Program Costs will be paid by way of:

Printed Name of Institution Representative \_\_\_\_\_ Position Title \_\_\_\_\_

Signature of Institution Representative \_\_\_\_\_ Date Signed \_\_\_\_\_