

Reregistration

INFORMATION

Complete Name:		Age:
Address (and others informations If changed):		
City:	Postal/Zip code:	Country:
Home Telephone:	Office Telephone :	
Date of birth:	Place of Birth :	
Email :		

ADMISSION

- I request admission to the following : _____
- I wish to receive exemption for the following course(s) # : _____
- I plan to spend _____ hours per week for my studies
- I wish to start my studies : As soon as possible On next _____ month

FEES

- -Tuition fees : _____
(indicate the total amount for the complete program)

First installment or complete tuition fee _____

- Bank transfer
- By PayPal Other: _____

Non-automated payments are subject to administrative fees. You must obtain a clearance with the AMCC first.

Date : _____ / _____ / _____ Signature : _____

Email to administration@cmdq.com or mail to:

AMCC 134, West St-Joseph Blvd, Montreal (Quebec) H2T 2P6 CANADA

