

# CORNERSTONE

International Community College of Canada

Date:

## Personal Information

Family Name

Given Name

Date of Birth (yyyy-mm-dd)

Student ID Number

(CAQ) ☐ Yes ☒ No

Student's full mailing address

## Institutional Information

<b>Full Name of the Institution</b>		<b>Designated Learning Institution Number</b>	
Cornerstone International Community College of Canada		O19274576342	
<b>Address of the Institution</b>			
100 – 609 West Hastings Street, Vancouver, BC, V6B 4W4, Canada			
<b>Telephone Number</b>		<b>Website</b>	<b>Email</b>
(+) 604-620-1111		www.ciccc.ca	info@ciccc.ca
<b>Type of Institution:</b> Private			
<b>Name of contact</b>	<b>Position</b>	<b>Phone Number</b>	<b>Ext</b>
William Gerard	Managing Director	(+) 604-620-1111	31
Mary Karimi	Admission Manager	(+) 604-620-1111	25

## Program Information

<b>Academic Status:</b>		<b>Level of</b>		<b>Exchange Program:</b> No
Hours of instruction per week:		<b>Type of training program:</b>	Academic	
<b>Field/Program of Study:</b>	What are you applying for ..			
<b>Internship/Work Practicum:</b>		Hours in		
<b>Estimated tuition fee for the first academic year:</b>	\$ Tuition_Fees..	<b>Fees Prepaid:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$ Amount__1..
<b>Conditions of acceptance:</b>				
<b>Length of the program:</b>	<b>Start Date:</b>	<b>Start_Date..</b>	<b>Completion Date:</b>	<b>Completion_Date..</b>
<b>Expiration Date:</b>	2020-08-26			

Printed Name:

Signature institution representative:

Priority.

Your Success, Our

Cornerstone International Community College of Canada  
Main & 2nd floor, 609 West Hastings Street, Vancouver, BC, V6B 4W4  
604-620-1111, info@ciccc.ca

