REGISTRATION FORM

Last Name:		First Name:	Age:
Address:			
City:	Postal/Zip code:	Country:	
Home Telephone:		Office Telephone:	
Date of birth:		Place of birth:	
Male ○ Female ○	Profession:	Level of studies:	

E-mail: ……@……

Reference: ……Specify: ……

1a – I request admission to the following (Check the appropriate code number and write the name below):

Mark your choice	Code #:	# of credits	Hours planned
○ Programme			
○ Module			
○ Theme, or course			
○ Equivalency			

.....

○ 1b – I am registering for personal studies (no exams).

○ 1c – I plan to spend ____ hours per week for my studies.

○ 1d – I need to take the A & P course.

○ 2a – I wish to receive exam exemptions for the following courses # ……

○ 2b – I wish to receive exemption for the following course(s): # ……..

○ 2c – I am including an Equivalency Request Form.

3a – I wish to start my studies ○ As soon as possible ○ On next ..... (month)

3b – I wish to receive my courses by ○ Internet ○ Postal Mail ○ Both (Additional fees apply)

○ 3c – I am including a letter of intention for the payment of my tuition fees by a Third Party.

3d – I will be using my country's currency, which is: ○ $ CAD ○ $ US ○ € Euros

(please check "$ US" if your country's currency is not in the list)

3e – I plan on completing my studies in _____ months.

4a – Tuition fees (indicate the total amount for the complete program) .....

First installment details :

○ 4b – First installment or complete tuition fee .....

○ 4c – Registration and creation of record fee .....

○ 4d – Registration for Anatomy & physiology course .....

○ 4e – Anatomy & Physiology course .....

○ 4f – Total paid by: ○ ☒ Cheque ○ Bank transfer ○ other: .....

Calculator available on the website's Registration page in the Financial Conditions section.

With the admission validation from AMCC, I will receive a statement with complete details and will be able to confirm my admission.

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Registration Form

Deffered Payments (if applicable)

5a – ○ Please adjust the payment balance according to my pace of studies.

5b – ○ I wish to benefit from automated payments without any administrative fees.

○ Post-dated cheques (less than 6 months)

○ Credit card on-line (Paypal)

○ Automatic bank transfer

5c – ○ I wish to pay the balance with non-automated payments. NOTE: You must obtain a clearance with the AMCC first. Non-automated payments are subject to administrative fees).

Other possible fees and rebates

○ Please adjust the rebate for my complete payment.

○ Please apply the rebatte for the Merit Grant (professional studies only)

○ I need to take the A & P course, I will be responsable for the purchase of the mandatory reference manuel and AMCC registration and exam correction fees.

IN ORDER TO START AS SOON AS POSSIBLE, I AM ALSO INCLUDING:

○ Post-dated cheques, or proof of automated bank transfers.

○ A recent picture of myself, stapled to the back of this sheet.

If I am not accepted, all documents and payments will be returned to me by the AMCC, except for the Registration Fee. I have read and accept to follow AMCC's current conditions and regulations.

Date: _____/_____/_____

Signature:

_____

○ I am registering for a program and I am eligible for a 100% rebatte on the Anatomy and Physiology course. I will be responsible for the purchase of the mandatory reference manual and AMCC registration and exam correction fees.

○ I am including payment for an equivalency or exemption request.

○ I live outside of Canada and will be responsible for the payment of the postal shipment fees of my courses.

○ I live in Canada and will be responsible for the payment of taxes if applicable.

IN ORDER TO AVOID DELAYS, I AM INCLUDING:

○ A handwriten letter stating my plans and motivations.

○ A resume of my professional and scholar experience.

○ Documentary evidence for my exemption or equivalency request.

○ A payment (or proof of payment) corresponding to #4f of this document.

Mail to ; AMCC,
#204-1408 Jean Talon street East, Montreal, QUEBEC H2E 1S2, CANADA

Keep a copy of this form.

Need Help ? Contact us at 514 270-5318,
Toll Free : 1800 663-8380

Or par email :
administration@alternativemedicinecollege.com