

Chellsey Institute Pre-entrance Form

Please complete all sections of the form



CHELLSEY INSTITUTE
OF BEAUTY AND HEALTH INC.

PERSONAL INFORMATION

First/Given Name

Middle Name

Last / Family Name

Maiden Name (if applicable)

Email Address

FULL MAILING ADDRESS

P.O BOX	Apt/Unit	Street No.	Street Name
City/Town	Country	Province/State	Postal Code

PASSPORT INFORMATION

PASSPORT NUMBER:	
DATE OF ISSUE:	
DATE OF EXPIRY:	COUNTRY OF BIRTH:
COUNTRY OF CITIZENSHIP:	
DATE OF BIRTH:	
OFFICIAL LANGUAGE:	

PROGRAM OF INTEREST

<ul style="list-style-type: none">Advanced Aesthetics Diploma
<ul style="list-style-type: none">Medical Aesthetician Diploma
<ul style="list-style-type: none">Skin Care Therapist Diploma
<ul style="list-style-type: none">Medical Office Assistant Diploma

AGENT INFORMATION Do you want all your communication sent to your agent? <input type="checkbox"/> YES <input type="checkbox"/> NO COMPANY/AGENT NAME: IS ENGLISH YOUR FIRST LANGUAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	PREFERRED START DATE: <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring	PREFERRED LOCATION: <input type="checkbox"/> MISSISSAUGA <input type="checkbox"/> BURLINGTON
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METHOD OF PAYMENT (CHECK ONE)

VISA MASTERCARD BANK DRAFT BANK/WIRE TRANSFER

A NON REFUNDABLE DEPOSIT OF \$500.00 MUST ACCOMPANY YOUR APPLICATION, PLEASE MAKE DRAFT PAYABLE TO CHELSEY INSTITUTE

For bank transfers, kindly transmit payments to: (BANK TRANSFERS MUST INCLUDE AN ADDITIONAL \$20.00 TRANSFER FEE)

ACCOUNT NAME: CHELSEY INSTITUTE

**BANK NAME:
TD CANADA TRUST**

**BANK CODE:
TRANSIT NUMBER:
ACCOUNT NUMBER:
SWIFT CODE:** (TO BE COMPLETED BY PREFERRED INSTITUTION)

If paying by visa or mastercard, please complete the following:

Card Number: _____

Card Holder Name: _____

Expiry Date: _____

Card Holders Signature: _____

SIGNATURE OF APPLICATION: _____ **DATE:** _____

FOR MORE INFORMATION, PLEASE CONTACT:

CHELSEY INSTITUTE MISSISSAUGA CAMPUS, BURLINGTON CAMPUS	TEL NO: Mississauga +1 905-232-0883, India +91 989-939-5988 Email: info@chellseyinstitute.ca Website: chellseyinstitute.ca
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Chellsey Institute is authorized by Citizen Immigration Canada (CIC) to accept and enroll international students.

Prior to applying to Chellsey Institute, please ensure that you satisfy the following requirements:

1. Complete the international student pre-entrance form
2. You must be 18 years of age or older
3. You must provide us with a copy of your valid passport
4. A non-refundable \$500.00 registration fee must accompany your application form. This amount will be retained if application is cancelled or visa is denied.
5. In order to receive the letter of acceptance, payment must be received along with the enrollment application.
6. Payments made through bank or wire transfer should include an additional \$20.00 to cover the bank transfer fee
7. Balance of fees, books, texts and kits must be paid on first day of classes.
8. Pass our English qualifying test (Wonderlic Test). You will need to find a proctor who can administer the said test by providing their name, business address, phone number, email and photo identification. The proctor can be a lawyer, doctor or school teacher.
9. Acceptance letters will be sent via email two business days from receipt of the exams, enrollment form and registration deposit. The original letter will be mailed out at no extra cost. Please note that delivery may take from 2-4 weeks.

Email all inquiries to international@chellseyinstitute.ca