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| --- |
| Institution (legal) nameInstitution operating nameMailing address, telephone number and email address for location of program |
| [Institution Name] is [registered/interim designated/designated] by the Private Training Institutions Branch[Program Name] Does Not Require Approval |
| **STUDENT INFORMATION** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Last Name |  | First Name  |
|  |
| Mailing Address  |
|  |  |  |
| Student Telephone Number |  |  Student Email Address  |
|  |

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| --- |
| PROGRAM INFORMATION |

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| --- |
|  |
| Program Title |
|  |  |  |  |  |  |  |
| Hours of Instruction during Contract Term |  | Program Duration in Weeks |  | Contract Start Date |  | Contract End Date |
|  |
| Program Delivery Method(select all that apply) |  | [ ]  In-class |  | [ ]  Distance |  | [ ]  Combined |
|  |  |  |  |  |  |  |
| Language of Instruction:  |  |  |
|  |  |  |
| **PROGRAM OUTLINE** |
| **Insert Program outline here (if available)** |
| **PROGRAM COSTS** |
| Total tuition payable during contract term | $  |  |
| List all additional administrative, application, assessment, course material and other mandatory fees, adding lines as necessary.  | $  |  |
| **TOTAL PROGRAM COSTS** | **$** |  |
|  |  |  |

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| PRIVATE TRAINING INSTITUTIONS BRANCH |
| The program of instruction outlined in this student enrolment contract does not require approval under the *Private Training Act.*Students may not file a claim against the Student Tuition Protection Fund with the Trustee in respect of this program of instruction.Should you have any questions, you may contact the Private Training Institutions Branch of the Ministry of Advanced Education and Skills Training at:**Tel. (604) 569-0033 or 1-800-661-7441****Fax. (778) 945-0606**[**www.privatetraininginstitutions.gov.bc.ca**](http://www.privatetraininginstitutions.gov.bc.ca)**PTI@gov.bc.ca** |
| **STUDENT SIGNATURE** |
|  |
| Student Signature |  | Date Signed |
|  |
| Signature of Parent or Legal Guardian |  | Date Signed |
| **INSTITUTION SIGNATURE** |
|  |  |  |
|  |
| Signature of Institution Representative |  | Date Signed |
|  |