

# 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](mailto:administration@cmdq.com) or mail to:

AMCC, #204-1408 Jean Talon East, Montreal, QUEBEC H2E 1S2, CANADA

