

STUDENT INFORMATION

Gender: Male Female X

Postal Code: _____ Country: _____

First Name: _____
(As appears on passport)

E-mail Address: _____

Middle Name: _____
(As appears on passport)

Mobile Number: _____

Last Name: _____
(As appears on passport)

Nationality: _____

Date of Birth (DD/MM/YYYY): _____

Status in Canada: Domestic International

Permanent Home Address: _____

Do you have a disability or medical condition that TSoM should be aware of? Yes No

City: _____ Province/State: _____

If yes please explain _____

EDUCATIONAL BACKGROUND

Educational Institution Name: _____

Qualification Earned: _____

Country: _____

NCA COURSE SELECTION

Course	Course	Study Guide	Live Sessions	Private Tutoring
Foundations of Canadian Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canadian Constitutional Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canadian Administrative Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canadian Criminal Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canadian Professional Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have read and understood all of the TSoM's policies applicable to NCA Exam Preparation including the cancellation and refund policies.

Applicant Signature

_____/_____/_____
Date