

TO: CONCORDIA UNIVERSITY CONTINUING EDUCATION 1455 de Maisonneuve West, Suite FB 121, Montreal QC H3G 1M8

AGENT INVO	ICE & CONTACT	INFORMATION								
Invoice Number:						Invoice Date:				
Name:						Telephone:				
Position./Title:						Fax:				
Email:										
Organization:										
Complete Mailing Address:										
GST/HST/PST/OST	GST/HST/PST/QST Registration numbers (only for Canadian-based agents) Cheque payable to (if different from Organization, please attach explanation)									
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STUDENT INFORMATION (INTENSIVE ENGLISH LANAGUAGE PROGRAM)										
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Year:		Academic Term:	🗆 Fall	I 🗆 W	inter 🗆 Spi				ission Rate:	
	Family Name	Academic Term:	🗆 Fal	Given Na	•		mmer			
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Year:		Academic Term:	Fall		•		mmer Date	Comm of Birth	ission Rate: Tuition Fee	

Please note that any inaccuracies in this information will result in a delay of payment.