

CHOOSE YOUR PROGRAM (Please check 1 option)

I am applying for HTM 1 Year Diploma 2 Year Diploma

CLIENT INFORMATION (Should be same as your passport)

Full Name: _____ Date of birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State/Province Postal Code*

Phone: () E-mail Address: _____

What is your citizenship? Passport # (Send us a scanned copy)

INFORMATION ABOUT YOUR EDUCATION

High School: Address: _____
From: To: Did you graduate? YES NO Degree: _____

University: Address: _____
From: To: Did you graduate? YES NO Degree: _____

Other: Address: _____
From: To: Did you graduate? YES NO Degree: _____

Is this internship a requirement of your university? Yes or No

REFERENCES (Professional references preferred)

Please list two professional references.

PREVIOUS WORK EXPERIENCE (Including internship)

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: To: _____

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: To: _____

PROGRAM RELATED INFORMATION

Where would you like to study: Vancouver Toronto

Where would you like to take your internship: Vancouver Toronto

Desired start month _____ Please check each program information for start dates.

What internship industry would you like to work in (Write):

ADMISSION OR PHONE INTERVIEW REQUEST (Mandatory)

Best number to call: Country code _____ Area code _____ Telephone number _____
Best date and time (Based on your time zone) Date _____ or _____ and time _____

We may ask you to call Vancouver or Toronto office instead of WISH making out going call in some cases.

CONFIRM YOUR APPLICATION

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Thank you for completing the form and submitting it before a phone interview.

Please include
Copy of passport
Updated English resume
Any letter of recommendations or reference letters (if any)

You can email this completed form or fax to Toronto office or Vancouver office for review
Toronto fax 1.416.979.9475 Vancouver fax 1.604.687.2002

AGENT INFORMATION

If application is through an authorized agent, please write the agent name, instructions and any comments about this client.