



Course Cancellation Form

Please complete and mail or fax form to CSI:

Address: 625, René-Lévesque Blvd West, Suite 400, Montreal (Quebec) H3B 1R2, CANADA

Fax: 1 (866) 866-2660 (Canada & USA) or 416-359-0486

For further information, please contact us by:

Telephone: 1 (866) 866-2601 (Canada & USA) or 416-364-9130

Email: customer_support@csi.ca

PERSONAL INFORMATION (Please use CAPITAL letters.)

Student Number :

Identity Verification: Birthdate (mm/yyyy):

First Name:

Last Name:

Gender: Male Female

Language preference for communication: English French

Your email address is required to provide confirmation and access to CSI tools and resources.

Preferred Email Address:

Alternate Email Address:

Home Telephone:

Business Telephone:

Business Address

Job Title:

Employer:

Street Address:

Suite/Floor:

City:

Province:

Country:

Postal Code:

Home Address

Street Address:

Suite/Apt.:

City:

Province:

Country:

Postal Code:

COURSE CANCELLATION

Course Title: Course Code:

The Course Starts on (month): Ends on (month):

IMPORTANT: Please visit www.csi.ca for our Cancellation Policies and Associated Fees.

[PLEASE REFER TO PAGE 2 FOR PAYMENT / REFUND INFORMATION](#)

PAYMENT/REFUND METHOD

All fees are in Canadian funds and can be paid by money order, cheque, Visa, MasterCard or Amex. Please make cheques and money orders payable to CSI Global Education Inc. NSF cheques will result in a \$40 (plus applicable taxes) surcharge, and must be replaced by a money order, certified cheque or credit card payment. CSI cannot process forms received without payment information or proper payment.

Applicable taxes: (GST/HST 869314518RT0001) (QST: TQ0001 1200091783)

Please indicate the applicable fee / refund: BC, ON, NB, NL, NS residents: add HST *
 Quebec residents: add GST (5%) + QST (8.5%)
 Residents of all other Provinces and Territories: add GST (5%)
 International residents (outside Canada)

*** NOTE: Please add HST as follows – BC (12%), ON, NB and NL (13%), NS (15%).**

I paid / am paying with a: Personal Cheque Corporate Cheque Money Order in the amount of _____ \$ _____

Please credit / charge my: Corporate Customer Account Number (Only if payer is employer) No: _____ \$ _____

I paid / am paying with a credit card: Visa MasterCard Amex _____ \$ _____

Card Number: _____ Expiry Date (Month/Year): _____

Name of card holder: _____ Signature: _____

Check if you are faxing this form. If you are faxing this form, you must pay by credit card. Do not mail this form to CSI if you are faxing it.
Doing so may result in you being charged twice.

PRIVACY POLICY

CSI's Privacy Policy (Policy) is designed to protect your personal information. This Policy describes the personal information that CSI must collect, how it will be used and the circumstances under which it may be distributed to third parties. The full Policy is available at www.csi.ca. CSI requires certain information to serve you, to enrol you in a course and to match your results to your academic file. Without this information, CSI cannot accept your enrolment, as we will not be able to create a student record for you. CSI will only ask for certain information such as name, address, credit card information and other information we require to process your enrolment. CSI will keep this information secure and will not sell or distribute it to third parties. CSI may share this information with suppliers to provide better service to you, to compile records or to report to regulators. If you are an industry student, CSI will not share any information about you with your educational institution unless you complete the *information release consent* located below or breach CSI's Student Code of Conduct (full details about the Code of Conduct are available at www.csi.ca). An exception to this would occur if CSI's disclosure of student information is required by law, search warrant, subpoena or court order.

By signing below, I confirm that I understand and consent to the collection, use and disclosure of my personal information by CSI.

Name: _____ Signature: _____ Date: _____

If you choose not to allow CSI to collect, use and disclose your personal information you will not be able to enrol in a course but may still have options open to you. Please call 1 (866) 866-2601 (Canada & USA) or 416-364-9130

INFORMATION RELEASE CONSENT (Release of your information to employers or educational institute)

In addition to CSI's Privacy Policy above, I hereby consent to CSI disclosing to my current or future employer or educational institute my personal information as to: (i) my status with CSI and (ii) my performance in CSI courses. I acknowledge I may be eligible for preferred pricing rates negotiated between CSI and my employer and I understand that I must accept this agreement to receive such pricing. I further understand that CSI may contact my employer about my eligibility for discounted pricing rates. Further, I consent that from time to time I may be contacted by my employer or CSI for the purpose of (i) providing personal information to CSI to allow it to consolidate and calculate my compliance with regulators' education requirements of me, and (ii) disclosing such information to my employer to facilitate management of its compliance requirements with regulators. The consent provided herein may be revoked, in whole or in part, by me by providing CSI with ten (10) business days prior written notice delivered to 625, René-Lévesque Blvd West, Suite 400, Montreal (Quebec) H3B 1R2, CANADA, attention: *Customer Support*. By doing so, I acknowledge that I may continue to enrol in and subscribe for CSI's academic services but that (i) CSI's academic services will not be made available to me at a discount, and (ii) I will be responsible for paying the incremental fees applicable to private students.

By signing below I confirm that I have read and consent to the terms and conditions of this Information Release Consent.

Name: _____ Signature: _____ Date: _____

Employer: _____ Manager's Name: _____ Manager's Telephone: _____