VICTORIA COLLEGE of ART

Single Course/Workshop Enrolment Contract **Victoria College of Art**	www.vca.ca 4495 Happy Valley Road, Victoria, B.C.V9C 3Z3

Full Name:
Mailing Address:
Postal Code:
Phone Number:
Email Address(required):
Date of Birth (must be 19+ or HS Graduate with transcript):
Highest Level of Education Completed:
Program of Study: Fine Arts Illustration Animation (Circle one)
Course 1:
Course 2:
Course Start Date:
Course End Date:
All Payments must be sent by e-transfer to info@vca.ca Receipt Number:
Students will receive a signed returned copy. All students applying at VCA for the regular part-time (3-4 courses) or full-time diploma program shall complete a different Student Enrolment Contract.

☐ **All information is true and correct. I accept the enrolment terms and conditions of VCA.**

Applicant's Signature: _____Date: _____

Nancy Ruffolo, Vice President, Administration: _____