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| **À l’usage du *Centre de formation continue*** | | | | | | | | | | | | | | |  | | |
| **Admission** | | **Numéro d’admission (DA) :** | | | | |  | | **Année session** : | | | |  | | | |  |
|  | |  | | | | | |  | **Verdict** : | | | |  | | | |  |
| **Inscription** | | **Statut :  T-Partiel  T-Plein  FE (T-PL)** | | | | | | | | | **Condition(s)**: | |  | | | |  |
| **.** |  | | | | | | | | | | |  |  | | | |  |
| **Identité du candidat** | | | | | | | | | | | | | | |  | | |
| DA (No dossier): | | |  | | | | | | | Code permanent : | | | | | |  | |
| Nom : | | |  | | | | | | | | | | | | | | |
| Prénom(s) : | | |  | | | | | | | | | | | | | | |
| Date de naissance : | | |  |  |  |  | | | | Sexe :  **F**   **M** | | | | | | | |
| Ville de naissance : | | |  | | | | | | | Pays de naissance : | | | |  | | | |
| Langue maternelle : | | |  | | | | | | | Langue d’usage : | | | |  | | | |

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| **Coordonnées** | | | | | | | | |
| Numéro : |  | | Rue : |  | | | Appartement : |  |
| Ville : |  | | | | Province : |  | Code postal : |  |
| Tél. résidence : | |  | | | Cellulaire : |  | Tél. autre : |  |
| Courriel: | |  | | | | | | |

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| **Inscription** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Titre du programme :** | | | | | |  | | | | | | | | | | | | Groupe : | | |  |  | Frais |  |
| Tous les cours de l’AEC : | | | | | | | | oui  non | | | | | | | | | |  | | |  |  |  |  |
| Titre du/des cours : | | | |  |  | | | | | | | | |  | |  | | Groupe : | | |  |  |  |  |
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| Commentaires : | | |  | | | | | | | | | | | | | | | | | | | | |  |
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| **Signature de l’étudiant(e) :** | | | | | | | | |  | | | | | | | | **Date :** | |  | | | | |  |
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| **À l’usage du *Centre de formation continue*** | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Frais/ Ouverture de dossier** | | | | | | | | | | | | | | | | | | | | |  |  |  |
|  | **Frais/ Redevance droit d’auteur** | | | | | | | | | | | | | | | | | | | | |  |  |  |
| **Paiement :** | **Crédit** Visa/ Master Card **Débit** | | | | | | | | | | | **Chèque** | | | | **Comptant \_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |  |  |  |
|  |  | | | | | | | | | | |  | | | | **Reçu par (initiales)** | | | | | |  |  |  |
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| **Services financiers :** | | | | | | | **Client n°** | | | | **C** | |  | | | | | | |  | | |  |  |
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