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GEORGIAN

YOUR COLLEGE · YOUR FUTURE

Office of the Registrar

Part-Time Studies Registration Form

SECTION A

- Ms Mr
 Miss Mrs

Date of Birth _____
 YY/MM/DD

Social Insurance Number _____

_____ Last Name First Name Middle Name

Student Number _____
 (if you've been given one)

Permanent Mailing Address:

_____ Apt # Street # and name City

_____ ()
 Province or country Postal Code Telephone Number

Status in Canada:

- Canadian citizen
 or ↓

Country of citizenship:

- Permanent Resident (Landed Immigrant) Student Authorization (Student Visa)
 Other (please specify) If Sponsored, Name Of Agency

First Language

- English French
 Bilingual Other

_____ Email Address

SECTION B

If you are applying for a credit course, you must provide proof of admission requirements. Please note: payment in full is due at time of registration.

Program Major:

CRN/Course Code	Subject	Course Name	Course Fee
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application. I have read the Freedom of Information and Protection of Privacy Statement

TOTAL FEES: _____

_____ Date

_____ Signature of applicant

Method of Payment:

- Cash Cheque Money Order Visa American Express
 Mastercard

Cardholder's name: same as above OR

 _____ / _____ / _____ / _____

Expiry Date: _____ Amount enclosed: \$ _____

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: The information on this form is collected under the legal authority of the Ministry of Colleges and Universities Act, R.S.O. 1980, Chapter 272, S.S.; R.R.O. 1980 Regulation 640. The information is used for administration and statistical purposes of the College and/or the Ministries and Agencies of the Government of Ontario and the Government of Canada. For further information, please contact the Registrar at the address and telephone number listed on this page.