



Registration For Evening Credit

Please Print (use Ballpoint pen only)

Have you ever attended one of the former Provincial Colleges: Cabot College, Eastern College, Central Nfld. Community College, Westviking College or Labrador College? If yes, please list the College(s), the program and your student number.

| | | |
|-------------------------------------|--|--------------------|
| College | Program | Student Number |
| College | Program | Student Number |
| Student Number (Office use only) | Please Indicate the Campus You Are Applying To | |
| Name (First) | Second | Last |
| Course Applied For | Course Applied For | Course Applied For |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| | | | | |
|--|--|-------------------------|-------------|-------------------------------|
| Date of Birth | Age | Social Insurance Number | | Place of Birth |
| Home Mailing Address | City/Town | Prov. | Postal Code | Telephone: (Home) (Bus) |
| Sex <input type="checkbox"/> F <input type="checkbox"/> M | Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> _____ Maiden Name | | | MCP Number |

Status In Canada:
 Canadian Landed Immigrant Other Toefl Score (if available) _____
 Student Visa Visitor Year written _____

Identification of Special Needs: Students having special requirements (Eg: Hearing or visual impairment, learning disability, etc.) are encouraged to identify their need and provide documentation so that the application may be referred to support services.

| | | |
|-------------|----------|---------------|
| Next of Kin | Name: | Relationship: |
| | Address: | Telephone: |

I agree throughout my program of studies to abide by all rules and regulations made under the authority of the Board of Governors of the College.

The College reserves the right to revise or cancel particular courses or programs, to alter fees, changes, and regulations in order to serve the best interest of the academic community or because of circumstances or occurrences beyond the college's reasonable control. The college cannot accept responsibility or liability to any persons who may suffer loss or who may be otherwise adversely affected by such change.

I further understand that failure to comply with college regulations to pay any debts owing to the college could result in the imposition of penalties such as academic dismissal, restricted privileges, fine, suspension, expulsion, or withholding of marks.

_____ Date _____ Student Signature

DO NOT WRITE BELOW

| | | |
|------------------------|--------------------|--|
| Tuition Fee: _____ | Method of Payment: | <input type="checkbox"/> Cash |
| Instructor Code: _____ | | <input type="checkbox"/> Cheque |
| Starting Date: _____ | | <input type="checkbox"/> Credit Card |
| | | <input type="checkbox"/> Interac |
| | | <input type="checkbox"/> Student Voucher |
| | | <input type="checkbox"/> Sponsored |