



Part-Time Student Registration

FAX: (705) 494-7462

Or mail to: Part-Time Registration, Canadore College,
P.O. Box 5001, North Bay, ON P1B 8K9

PERSONAL INFORMATION (please print)

Mr	Ms	Last Name	Given Name	Initial
Mrs	Miss			
Home Mailing Address: Street/Box No.			Town/City	
Province	Postal Code	Date of Birth (yy/mm/dd)	Birth Name (to avoid duplication in Student Records)	
Telephone Home		Telephone Business	E-mail Address	

COURSE SELECTION #1 (please print)

Course Code	Course Name	Course Fee		
Semester	Start Date	Start Time	Location	Contact North Courses

Winter, Spring/Summer, Fall (indicate the Contact North site where you will be taking the course)

COURSE SELECTION #2 (please print)

Course Code	Course Name	Course Fee		
Semester	Start Date	Start Time	Location	Contact North Courses

Winter, Spring/Summer, Fall (indicate the Contact North site where you will be taking the course)

PAYMENT INFORMATION - Ensure payment is enclosed

<input type="checkbox"/> VISA	<input type="checkbox"/> Enclosed Cheque or Money Order payable to Canadore College (No post-dated cheques please)	Card Number	Expiry Date
<input type="checkbox"/> MasterCard		Cardholder Name	Signature
<input type="checkbox"/> Interac or Cash (In person only)			

INVOICING INFORMATION - Sponsorship letter required

Company Name	Address	Phone	P.O. #
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ADMISSION QUALIFICATIONS

Are you a secondary school graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 19 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you previously attended Canadore College? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year	Student Number
Is it your intent to work toward a post-secondary certificate or diploma offered by the college? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify program	
I certify that the above information is true and complete, and authorize the release of information as noted below.		Date
Student Signature		Date

Conditions of Registration

1. Fees must be paid in full at the time of registration.
2. Registrants may be required to present evidence of meeting college and/or subject admission requirements.
3. The college reserves the right to modify, re-schedule, combine or cancel subjects.

Withdrawal & Refund

1. To withdraw, notify the registration office before the second scheduled class.
2. A refund will be issued only for a withdrawal request made prior to the second scheduled class.
3. The college will retain a processing fee from withdrawal refunds.

Freedom of Information and Protection of Individual Privacy

The information on this form is collected under the authority of the Colleges and Universities Act R.S.O. 1980, C.272, S5; R.R.O. 1980, REG 640. The information is used for the administrative 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 contact the College's Registrar.