Course Registration Form

Please Print (Please register as you would like your name printed on a certificate).

Have you previously attended Conestoga College? Yes ❒ No ❒ Student Number (if known) _____

Surname | First Name | Middle Initial | Previous Name

Apt./Unit # | Address | City and Province | Postal Code

Home Phone | Business Phone | E-mail Address | Date of Birth (year/month/day)

❒ Male ❒ Female Are you under the age of 19? ❒ Yes ❒ No If yes, have you successfully completed grade 12? ❒ Yes ❒ No

Citizenship Status ❒ **Canadian Citizen** ❒ **Permanent Resident/Landed Immigrant** ❒ **International Student** ❒ **Visitor/Other Visa**

I hereby certify that all statements are correct and complete, including my declaration of citizenship and status in Canada. I understand that I may have to provide documentation at some future date to substantiate my claim and that any misrepresentation of this data may result in the cancellation of my admission or registration status.

Applicant's Signature _____ Date _____ **Note: Registration Form must be signed.**

Your name will not automatically be added to a wait list for your Course Selection if you are registered in your Alternate Course Selection.
A separate cheque or money order is required for each Course Selection when registering by mail or drop box.

Course Selection #1

Check box if you wish to audit the applicable course ❒

Sec Number	Course Code/Number	
Course Name		
Course Location		Course Fee*
Day(s)	Time	Start Date

Alternate Course Selection #1

(if Selection #1 is unavailable)
Check box if you wish to audit the applicable course ❒

Sec Number	Course Code/Number	

Course Selection #2

Check box if you wish to audit the applicable course ❒

Sec Number	Course Code/Number	
Course Name		
Course Location		Course Fee*
Day(s)	Time	Start Date

Alternate Course Selection #2

(if Selection #2 is unavailable)
Check box if you wish to audit the applicable course ❒

Sec Number	Course Code/Number	

Total fee payable $ _____ **Without payment/authorization to invoice, this registration cannot be processed.**

Method of Payment *(check one)*

❒ Cash (in person only) ❒ Debit Card (not available in Stratford)

❒ VISA ❒ MasterCard ❒ American Express

❒ Money Order or Cheque (made payable to Conestoga College)
No post-dated cheques

Credit Card Information (Credit card will not be billed until registration accepted)

Credit Card Expiry Date ____ Month ____ Year

Credit Card Number

Cardholder's Name

First Name	Surname

Cardholder's Signature _____

*HST included, if applicable.

Mail, Fax or Drop Off Your Registration Form and Payment to:
Registrar's Office, CE Registration, Conestoga College
Student/Client Services Building
299 Doon Valley Drive, Kitchener, Ontario N2G 4M4
Fax 519-895-1085 **Please photocopy before faxing.**

Have you remembered to include your credit card number and expiry date on your fax?

For program or course information,
call Conestoga College at 519-748-5220 ext. 3656
Guelph area, call 519-763-9525 ext. 3656.

CONESTOGA
Connect Life and Learning

Freedom of Information: The information obtained on this Registration Form will be used for administrative and statistical purposes of the College and may be shared with the Ministries and Agencies of the Government of Ontario and the Government of Canada. This information is collected and used under the authority of the Ontario Colleges of Applied Arts and Technology Act, R.S.O. 2002, and regulations thereunder.
Questions regarding the collection of this information should be directed to the Registrar,
Conestoga College, 299 Doon Valley Drive, Kitchener Ontario, N2G 4M4. Telephone 519-748-5220.