

STUDENT REGISTRATION FORM



P.O. Box 60, 443 Northern Ave.
Sault Ste. Marie, Ontario
P6A 5L3 (705) 759-6700
FAX 705-759-3273

PLEASE PRINT

Student Number

Last Name

Given Name Initial

Apt. # Mailing Address

City/Province/State Postal Code/Zip

Home Telephone - Business Telephone -

Birthdate Year Month Day E-mail Address _____ and Ext.: _____

MR
MS
MRS
MISS

Are you a full-time faculty or support staff? Yes No
Have you changed your name or address since last time registered? Yes No
If yes, previous name and/or address _____

Senior Citizen Yes No

NO.	COURSE NO.	COURSE NAME	START DATE	TIME	DAY							
					M	T	W	T	F	S	S	
1												
2												

Have you met the entrance prerequisites for the course for which you are applying? Yes No

ADMISSION QUALIFICATIONS:

1. Are you a secondary school graduate? Yes No

2. Are you 19 years of age or older? Yes No Specify _____

3. Have you previously attended Sault College? Yes No Year _____ Student No. _____

Visa No. or MasterCard

Start Date Mo. Yr. Expiry Date Mo. Yr.

Is this a company credit card? Yes No

If yes, company name: _____

company address: _____

<p>Conditions of Registration</p> <ol style="list-style-type: none"> Fees must be paid in full at the time of registration. Registrants may be required to present evidence of meeting College and/or subject admission requirements. The College reserves the right to cancel courses. 	<p>Withdrawal & Refund</p> <ol style="list-style-type: none"> To withdraw notify the Registrar's Office. A refund will ONLY be issued for a withdrawal request made PRIOR TO THE SECOND SCHEDULED CLASS, less a \$15 Administration Fee. If the course has only one class, the withdrawal request must be made prior to the beginning of that scheduled class to be eligible for a refund.
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IMPORTANT: After second scheduled class, fees are neither transferable nor refundable.

The information on this form is collected under the legal authorization of the Ministry of Colleges and Universities Act, R.S.O. 1990, c.M.19,S.5; R.R.O. 1990, Reg. 770. The information is used for the administrative and statistical purposes of the College and/or ministries and agencies of the Government of Ontario and the Government of Canada. For further information please contact the Registrar, P.O. Box 60, 443 Northern Avenue, Sault Ste. Marie, Ontario (705) 759-6700.

I have read the above statement and I hereby authorize the release of all records related to my registration, attendance, and academic progress to the aforementioned.

Student Signature

Date