



CENTRE OF CONTINUING STUDIES REGISTRATION FORM

Please Print Clearly

STUDENT NUMBER (if you have previously attended ACC)

CANADIAN SOCIAL INSURANCE NUMBER

CAMPUS Brandon Dauphin Russell Other

Course Name	Course Number	Location	Start Date	Time	Fee*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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*Please include 5% GST, if applicable (refer to course descriptions).

REQUIRED INFORMATION*

Use full, legal name.

Mr. Mrs. Miss Ms.

Last Name First Name Middle Name

Preferred First Name Previous Last Name (if applicable)

Gender: Female Male Date of Birth (YYYY/MM/DD)

Mailing Address PO or Box Number and Street

City or Town Province Postal Code Country

Telephone: Home Mobile Other

Email Address:

Citizenship

Citizen Permanent Resident (Landed Immigrant) Study Permit (Student Authorization) Refugee Claimant Other

Study permit students please use the International Student Application Guide.

If you wish to declare you are an aboriginal, please specify:

Aboriginal Status Non-Status Métis Inuit

Visible Minority Yes No

(Persons in a visible minority group in Canada are defined as persons other than Aboriginal Peoples who are non-caucasian.)

English Language Proficiency

English is the language of instruction and communication at ACC.

What is your first language (language first spoken and still understood).

Would you like information about services and accommodations for students with disabilities or medical needs? Yes No

Register online: www.assiniboine.net/continuingstudies
Register by telephone: 204.725.8701 or 800.862.6307 ext 4032

STUDENT NAME**METHOD OF PAYMENT**

Debit Card
 Cheque/Money Order (Payable to Assiniboine Community College)
 Cash
 Visa
 MasterCard
 Credit Card #
 Expiry date

Cardholder Name

Cardholder Signature

How did you hear about ACC?

Family
 College Representative
 Website
 Friend
 Employer
 Career Symposium
 Self-Interest
 College Publication
 Postcard
 Advertisement
 Email
 Other

SPONSORSHIP

Note: This form must be signed by an authorized company/agency representative. Receipts will be issued in the company/agency name. Refunds will be issued to the company/agency, in the event of cancellation of the course. For information about textbooks, please call the ACC bookstore at 204.725.8721.

Student Name

Please invoice the following company/agency:

Company/Agency

Mailing Address* PO or Box Number and Street

City or Town Province Postal Code Country

Telephone Fax Email Address

Agency Contact Title

Authorized Signature

**For Adding and Dropping Courses/Refunds, please refer to Policy A20 on our website:
www.assiniboine.net/continuingstudies.**

Signature Date

***The Freedom of Information and Protection of Privacy Act and The Personal Health Information Act at Assiniboine Community College**

The Freedom of Information and Protection of Privacy Act (FIPPA) and The Personal Health Information Act (PHIA) both apply to Assiniboine Community College. Should any of the college's policies conflict with FIPPA or PHIA, the provisions of FIPPA or PHIA shall prevail unless otherwise expressly provided for at law.

Notice Regarding Collection, Use, and Disclosure of Personal Information by the College

The college collects personal information in the course of admission, registration, and related activities. This personal information is collected under the authority of the Colleges Act. It may be disclosed to other educational institutions, government departments, co-sponsoring organizations, Assiniboine Community College Alumni Association and Assiniboine Community College Students' Association. Information regarding graduation and awards may be made public. Upon graduation, the student's name, address, and credential information will be provided to and maintained by College Advancement and External Relations, including the Alumni Association, in order to assist the college's advancement and development efforts. Application data may also be used to conduct research into college enrolment and related statistical profiling and reporting activities. The Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act protect all personal information. If you have any questions about the collection of this information contact the FIPPA/PHIA Coordinator's Office, 1430 Victoria Avenue East, Brandon, Manitoba, Canada, R7A 2A9 204.725.8700 ext 6199.

Declaration of Waiver

The information in this application is accurate as of September 2010. The college does its best to update program information regularly so applicants are not inconvenienced. However, on occasion, changes do occur. Therefore, after September 2010, the college reserves the right to modify or cancel any program, option, course, program objective, articulation agreement, fee, timetable, or campus location without notice or prejudice. Please visit our website www.assiniboine.net for complete and up-to-date program information.