

# CONTINUING STUDIES AT ASSINIBOINE REGISTRATION FORM



Please print clearly

## STUDENT NUMBER

(If you have previously attended Assiniboine) \_\_\_\_\_

**LOCATION**  Brandon  Dauphin  Other \_\_\_\_\_

Course Name	Course Number	Location	Start Date	Time	Fee*
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\*Please include 5% GST, if applicable (refer to course descriptions)

## PERSONAL INFORMATION (\* Required)

Use your full, legal name. Your name will appear on your certificate/diploma/transcript as indicated below:

Last Name\* \_\_\_\_\_ First Name\* \_\_\_\_\_ Middle Name \_\_\_\_\_

Preferred First Name \_\_\_\_\_ Previous Last Name (if applicable)\* \_\_\_\_\_

Date of Birth\* (YYYY/MM/DD) \_\_\_\_\_ Gender  Female  Male

Permanent Home Address\* \_\_\_\_\_ PO or Box Number and Street \_\_\_\_\_

City or Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone: Home\* \_\_\_\_\_ Mobile \_\_\_\_\_ Other \_\_\_\_\_

Email\* \_\_\_\_\_

Mailing Address (if different from above)\*: \_\_\_\_\_ PO or Box Number and Street \_\_\_\_\_

City or Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Do you wish to specify that you are a visible minority?

(Persons in a visible minority group in Canada are defined as those who are not Caucasian or Indigenous)

Yes  No

If you wish to declare you are of Indigenous ancestry, please specify:

Status  Non-Status  Métis  Inuit

Do you wish to declare that you are a current or past member of the Canadian Armed Forces?

Yes  No

Would you like information about services and accommodations for students with disabilities or medical needs?

Yes  No

Are you interested in participating in varsity sports?

Yes  No

## EMERGENCY OR ALTERNATE CONTACT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

## CITIZENSHIP

Citizen  Permanent Resident  Refugee Claimant  Other \_\_\_\_\_

Study permit students please use the international student application guide. Permanent residents must submit a copy of the PR card with application.

## PRIMARY LANGUAGE

All applicants educated outside of (English-speaking) Canada or a country not on the test-exempt list are also expected to meet the English language proficiency requirement. See [assiniboine.net/elp](http://assiniboine.net/elp) for more information.

What is your first language (language first spoken and still understood)? \_\_\_\_\_

## 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 Assiniboine 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: Home\* \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Email\* \_\_\_\_\_

Name of Agency Contact \_\_\_\_\_ Title \_\_\_\_\_

Authorized Signature \_\_\_\_\_

## Please rate (1,2,3) the top three sources that influenced you to register with Assiniboine Community College:

- |  |  |   |   |   |
|--|--|---|---|---|
| <input type="checkbox"/> Advertisement       | <input type="checkbox"/> Family            | <input type="checkbox"/> Information sessions | <input type="checkbox"/> Symposium                | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> College publication | <input type="checkbox"/> Friend            | <input type="checkbox"/> Spend a Day program  | <input type="checkbox"/> Teacher/Counsellor _____ |   |
| <input type="checkbox"/> Employer            | <input type="checkbox"/> High school visit | <input type="checkbox"/> Sponsoring agency    | <input type="checkbox"/> Website                  |   |

## SIGNATURE

For all college policies, including adding/dropping courses and refunds, please refer to [assiniboine.net/students/academic-policies](http://assiniboine.net/students/academic-policies).

Signature \_\_\_\_\_ Date \_\_\_\_\_

## METHOD OF PAYMENT

Please choose one method of payment:

- Cheque/Money Order (payable to Assiniboine Community College)  Visa  Mastercard  Cash  Debit (Please pay cash or debit in person)

Credit Card # \_\_\_\_\_ Expiry Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Cardholder Phone Number \_\_\_\_\_

### 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/or Assiniboine Community College Students' Association. Information regarding graduation and awards may be made public. Upon graduation, the student's name, address, email address, and credential information will be provided to and maintained by the Assiniboine Community College Foundation and 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 2013. The college does its best to update program information regularly so applicants are not inconvenienced. However, on occasion, changes do occur. Therefore, after September 2013, 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 [assiniboine.net](http://assiniboine.net) for complete and up-to-date program information.