Registration Form



Please type or print clearly **Student Number** (If you have previously attended Assiniboine) Brandon Dauphin Location 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: _____ Middle Name ___ _____ First Name* Last Name* ___ Previous Last Name (if applicable) Preferred First Name Canadian Social Insurance Number*__ Date of Birth* _ Gender Female (YYYY/MM/DD) Permanent Home Address* Unspecified Street address (or PO/Box #)* ____ ____ Province* ____ Postal Code* __ City or Town* ___ _____ Mobile ___ ____ Other __ Telephone: Home*____ Fmail* Mailing Address (if different from above)*: Street address (or PO/Box #) ___ __ Province __ _____ Postal Code City or Town __ Do you require services for a disability or medical need that may have physical, mental, intellectual, or sensory impairments, which may be permanent or temporary? 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 Indiaenous) Non-Status Métis Inuit N/A Do you identify as an Indigenous person? If yes, please specify: Has anyone in your family (parents, grandparents) attended college or university? Are you a current or past member of the Canadian Armed Forces? **Emergency or Alternate Contact** Last Name _____ 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.

All applicants educated outside of (English-speakin proficiency requirement. See assiniboine.net/elp for		ot on the English test-exer	npt list are also expected to meet the English language
What is your first language (language first spoken and	still understood)?		
Sponsorship Note: This form must be signed by an authorized cor to the company/agency, in the event of cancellation			d in the company/agency name. Refunds will be issued se 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 select the top three sources that i			
Advertisement Employer	High school visit	Spend a Day program	Teacher/Counsellor
College publication Family	Information sessions	Sponsoring agency	Website
College representative Friend	Social Media	Symposium	Other
Declaration I declare that I have read and understood the information in Assin I declare that all statements made with respect to this application. I understand that misrepresentation, falsification of documents, or include permanent expulsion from the college, and further, that into I authorize my high school/college/university to release my acade. I declare that I have read and understood the information in the Piconsent to the collection and use of your personal information as I agree, if admitted, to comply with the regulations of Assiniboine By submitting your application to Assiniboine College, you confirm the For all college policies, including adding/dropping courses and refun Your signature or electronic confirmation certifies that you are authority.	are true and complete; the withholding of requested infor formation on falsified documents me mic record(s) for admission purpos rivacy Statement For Applicants An set out in that statement; College. General student policies a ne above declarations. ds, please refer to assiniboine.net	nay be shared with the Association es should the need arise; d Students, located at assiniboine are located at assiniboine.net/policies.	of Registrars of the Universities and Colleges of Canada; .net/privacy. By submitting your application, you confirm that you cies. Additional program-specific regulations apply.
Signature		Dat	e
or By checking this box, I am electronically agree			
Name		Dat	e
Method of Payment			
Please choose one method of payment:			
Cheque/Money Order (payable to Assiniboine	College) V	isa Mastercard	Cash Debit (Please pay cash or debit in person)
Credit Card #		Expiry Date	
Cardholder Name			

Cardholder Signature_

Primary Language

Declaration of Waiver
The college does its best to update program information regularly so applicants are not inconvenienced. However, on occasion, changes do occur. The college reserves the right to modify or cancel a program, option, course, program objective, articulation agreement, fee, timetable, or campus location without notice or prejudice. Please visit our website assiniboine.net for complete and up-to-date program information.

Cardholder Phone Number_

How to Register:

There are three ways you can register for Continuing Studies courses.



Save your completed form and submit it electronically as an email attachment to **registration@assiniboine.net**.



Call **204.725.8701** or **800.862.6307** ext. 4032 and provide the information in this form over the phone.



Print and drop-off this completed form in-person at Assiniboine's Registrar's Office, located at Assiniboine's Victoria Avenue East campus in Brandon, Manitoba (1430 Victoria Avenue E.)



