

# CONTINUING STUDIES AT ASSINIBOINE Registration Form



Please type or 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)

Canadian Social Insurance Number\* Date of Birth\* (YYYY/MM/DD) Gender ☐ Female ☐ Male

Permanent Home Address\* ☐ Unspecified

Street address (or PO/Box #)\*

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

Telephone: Home\* Mobile Other

Email\*

Mailing Address (if different from above)\*:

Street address (or PO/Box #)

City or Town Province Postal Code Country

Do you require services for a disability or medical need? ☐ Yes ☐ No

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

Do you identify as an Indigenous person? If yes, please specify: ☐ Status ☐ Non-Status ☐ Métis ☐ Inuit ☐ N/A

Has anyone in your family (parents, grandparents) attended college or university? ☐ Yes ☐ No

Are you a current or past member of the Canadian Armed Forces? ☐ Yes ☐ No

## Emergency or Alternate Contact

Last Name First 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 English 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 select the top three sources that influenced you to apply to Assiniboine College:

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

## Declaration

- I declare that I have read and understood the information in Assiniboine's application and guide;
- I declare that all statements made with respect to this application are true and complete;
- I understand that misrepresentation, falsification of documents, or the withholding of requested information with respect to this application can result in cancellation of admission or registration, and can include permanent expulsion from the college, and further, that information on falsified documents may be shared with the Association of Registrars of the Universities and Colleges of Canada;
- I authorize my high school/college/university to release my academic record(s) for admission purposes should the need arise;
- I declare that I have read and understood the information in the Privacy Statement For Applicants And Students, located at [assiniboine.net/privacy](http://assiniboine.net/privacy). By submitting your application, you confirm that you consent to the collection and use of your personal information as set out in that statement;
- I agree, if admitted, to comply with the regulations of Assiniboine College. General student policies are located at [assiniboine.net/policies](http://assiniboine.net/policies). Additional program-specific regulations apply.

By submitting your application to Assiniboine College, you confirm the above declarations.

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

Your signature or electronic confirmation certifies that you are authorized to submit this registration, and agree to Assiniboine College's terms and conditions.

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

or

☐ By checking this box, I am electronically agreeing.

Name \_\_\_\_\_ Date \_\_\_\_\_

## Method of Payment

Please choose one method of payment:

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

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

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

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

## 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](http://assiniboine.net) for complete and up-to-date program information.

# 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.)

## MyACC

**24 HOURS A DAY,  
7 DAYS A WEEK**

- ▶ View grades
- ▶ Print unofficial transcript
- ▶ Print receipts
- ▶ See financial history
- ▶ Order and pay for a transcript
- ▶ Self-service
- ▶ Password reset
- ▶ See your class schedule
- ▶ Print your T2202 and T4A tax forms (if course is eligible)

**myacc.assiniboine.net**

If you're new to Assiniboine, choose "MyACC for Continuing Studies" to view courses, pay, and create a login at checkout.

If you've previously taken an Assiniboine course, use your MyACC username and password to login (student access does not expire) and then click "MyACC for Continuing Studies".



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