

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 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 Community 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 AND PAYMENT

- 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. 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 Community College. General student policies are located at assiniboine.net/policies. Additional program-specific regulations apply.

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

SIGNATURE

For all college policies, including adding/dropping courses and refunds, please refer to assiniboine.net/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 _____

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.