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: ______ First Name* _ Middle Name _____ Last Name* _ Previous Last Name (if applicable) Preferred First Name _ _ _____ Gender Female Male Canadian Social Insurance Number* _ _ Date of Birth* _ (YYYY/MM/DD) Unspecified Permanent Home Address* Street address (or PO/Box #) ______ Province __ _____ Postal Code ___ _____ Mobile _____ ____ Other _ Telephone: Home* __ Fmail* Mailing Address (if different from above)*: Street address (or PO/Box #) ___ ______ Postal Code ___ _____ Province ___ _____ Country _____ City or Town __ Do you require services for a disability or medical need? 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) 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? Yes Are you a current or past member of the Canadian Armed Forces? Yes **EMERGENCY OR ALTERNATE CONTACT** ___ First Name _ Last Name _ Telephone __ **CITIZENSHIP** Citizen Permanent Resident Refugee Claimant Other Study permit students please use the international student application quide. 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 company/agency, in the event of cancellation of the course			
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 the	at influenced you to app	ly to Assiniboine Comm	nunity College:
Advertisement Employer H	High school visit Spend	a Day program Teacher/0	Counsellor
College publication Family	nformation sessions Spons	oring agency Website	
College representative Friend S	Social Media Sympo	osium Other _	
DECLARATION AND PAYMENT I declare that I have read and understood the information in Assiniboi I declare that all statements made with respect to this application are I understand that misrepresentation, falsification of documents, or the permanent expulsion from the college, and further, that information o I authorize my high school/college/university to release my academic I declare that I have read and understood the information in the Privac collection and use of your personal information as set out in that state I agree, if admitted, to comply with the regulations of Assiniboine Con By submitting your application to Assiniboine Community College, you c	true and complete; withholding of requested information with re- n falsified documents may be shared with the record(s) for admission purposes should the re- ty Statement For Applicants And Students, loca- ment; nmunity College. General student policies are left.	Association of Registrars of the Universities eed arise; ated at assiniboine.net/privacy. By submitti	and Colleges of Canada; ng your application, you confirm that you consent to the
CICNIATUDE			

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

_____ Date _____ Signature ___

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 ___

DECLARATION OF WAIVER

Cardholder Signature ____

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.



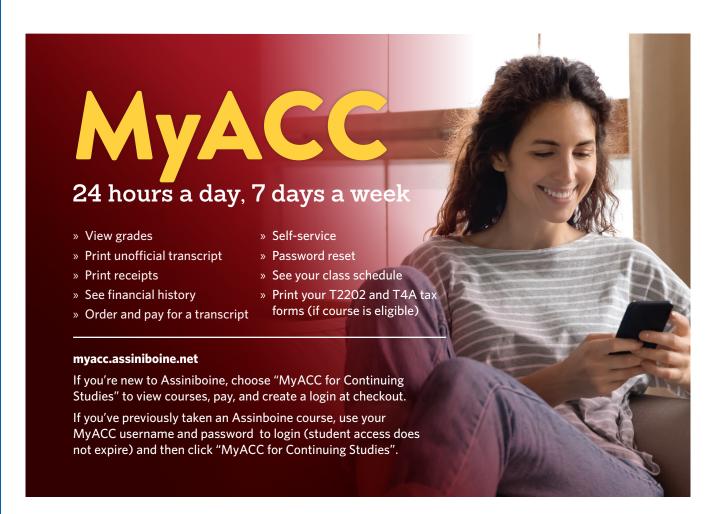
Save your completed form and submit it electronically as an email attachment to **registration@assiniboine.net**.



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.)



0322

