## CONTINUING EDUCATION REGISTRATION



Office of the Registrar

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PERSONAL INFORMATION					FOR OFFICE USE ONLY				
				STUD	ENT ID#	TODAY	S DATE	ENTERED BY	
LAST NAME (LEGAL)	FIRST NAME (LEGAL)				MIDDLE NAME (LEGAL)				
BIRTHDATE  YEAR MONTH DAY	TELEPHONE - HOME				TELEPHONE - OTHER ( )				
STREET ADDRESS	1		CITY / TOWN		1		POSTAL C	CODE	
EMAIL ADDRESS				GENDER O Male O Female O Other			ale		
STUDENTS WITH DISABILITIES O Yes, I wi	sh to be cor	ntacted about	services for students w	vith disa	bilities or se	erious heal	th conditio	ons.	
COURSE INFORMATION To regis	ster for more	e than two co	urses, attach an additio	onal forr	n				
COURSE NAME		COURSE CODE (e.g. XHLT 1050)		LOCA	LOCATION		DATE OR TERM		
COURSE NAME		COURSE CODE		LOCATION			DATE OR TERM		
\$ credit car  If your en		Il be paying for your own course(s), NorQuest College will contact you by phone for your rd information prior to registration.							
		· , , , , , , , , , , , , , , , , , , ,		c paying for you, complete the information below.  CONTACT PERSON			on below.		
O I WILL BE PAYING FOR MY COURSE(S)		AIF.		MAILING ADDRESS					
O MY EMPLOYER OR ANOTHER THIRD PARTY WILL BE PAYING FOR ME	TELEPHONE		MAILI	ING ADDRES	55				
CITY / TO		NWC		POSTAL CODE					
Freedom of Information and Protection of	Privacy (F	OIP) Act No	otification Statemer	nt					
The personal information requested on this form is collecte. Information and Protection of Privacy Act and will be used to educational information, library services, emergency notific comply with the Statistics Act; Alberta Advanced Education services; work experience and practicum sites to set up applied to the Alumni Association for the purposes of members Registrar at 10215-108 Street NW, Edmonton, AB, T5J 1L6	for the purpose tation, and for to meet repor propriate place thip and inform	e of admission, College researc rting requiremen ements; Studen nation sharing. I	registration, issuing income h and planning. Certain pe nts; Alberta Human Service ts' Association for the purp	e tax recersonal infectors of the testing	eipts, scholars formation will ermining and nembership, fe	ships and aw also be disc monitoring ee collection	vards, convo- closed to Sta- student eligi n, and contact	cation, sending tistics Canada to bility for their cting students;	
<b>DECLARATION</b> By the act of registering for a course, I agree to be	bound by t	he policies an	d procedures of NorQu	est Colle	ege.				
SIGNATURE					DATE (YYYY/MM/DD)				