Registration for Continuing Education

GEORGIAN
YOUR COLLEGE · YOUR FUTURE

PLEASE PRINT — INCOMPLETE OR INCORRECT INFORMATION WILL CAUSE DELAYS IN PROCESSING

Have you registered at Georgian prior to this term? Yes ☐ No ☐

☐ Ms ☐ Mr
☐ Miss ☐ Mrs

_____
Last Name **First Name** **Middle Name**

_____
Previous Name(s) (if applicable) **Social Insurance Number**

Student # _____ **Date of Birth** _____ **E-mail Address** _____
(if you have been given one) (required) YYYY/MM/DD

Current Mailing Address _____
Apt # Street Address City

_____
Province Country Postal Code **Daytime Telephone #**

Previously Used Mailing Address (if applicable) _____

☐ Please check if you are attending on a student visa authorization (international student).

COURSE NAME	START DATE	FEE	COURSE CODE

If you are applying for a credit course, you must provide proof of admission requirements. **Please note:** payment in full is due at time of registration.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: The information on this form is collected under the legal authority of the Ministry of Colleges and Universities Act, R.S.O. 1980, Chapter 272, S.S.; R.R.O. 1980 Regulation 640. The information is used for administration and statistical purposes of the College and/or the Ministries and Agencies of the Government of Ontario and the Government of Canada.

For further information, please contact the Office of the Registrar. **Phone:** (705) 722-1511 **Fax:** (705) 722-5118

For your campus information, go to: **www.choosegeorgian.ca/continuing-education**

I certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application. I have read the Freedom of Information and Protection of Privacy Statement (see above). I authorize my secondary school and Ministry of Education to release my academic information and school record to the above-mentioned college. I also authorize the release of this information to my secondary school and to the Ministry of Training, Colleges and Universities. Please note that this form, once signed, will provide the academic authority to register students in the above courses and sections.

_____ _____
Signature of Applicant Date

Method of Payment (for office use only)

☐ Cash (do not send cash in the mail) ☐ Cheque ☐ Money Order ☐ MasterCard ☐ Visa ☐ American Express

Credit Card # _____ Expiry Date _____

Cardholder Name (if different from student) _____