# COURSE REGISTRATION WORKSHEET

**HAVE YOU ATTENDED ALGONQUIN COLLEGE BEFORE?** ❑ Yes ❑ No

STUDENT NUMBER

Previous last name if changed since you last attended Algonquin College: _____

Have you moved (since you last attended Algonquin College)? ❑ Yes ❑ No

If "Yes" – Previous Address: _____

| LAST NAME | FIRST NAME | INT. | MR. ❑ MS. ❑ | MALE ❑ FEMALE ❑ | DATE OF BIRTH (D/M/Y) |
|---|---|---|---|---|---|
| | | | | | |

| APT. | HOME ADDRESS (street # and name) | CITY | PROVINCE | POSTAL CODE |
|---|---|---|---|---|
| | | | | |

| HOME PHONE NO. ( ) | WORK NO. ( ) | E-MAIL ADDRESS |
|---|---|---|
| | | |

ARE YOU A CANADIAN CITIZEN OR PERMANENT RESIDENT? ❑ Yes ❑ No

IF NO, VISA TYPE? _____

| COURSE NO. | SECTION # | COURSE TITLE | CAMPUS | DAY OF COURSE | TIME | FEES |
|---|---|---|---|---|---|---|
| | | | | | | . |
| | | | | | | . |
| | | | | | | . |
| | | | | | | . |

*Please ensure you have the prerequisites, if any, for the course(s) in question*

**TOTAL FEES** .

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| PAYMENT | |
|---|---|
| PAYMENT TYPE: CA CH MO VI MC AM | |
| CREDIT CARD | |
| EXPIRY DATE | |
| AMOUNT PAID | . |
| STUDENT SIGNATURE | |
| DATE | |
| RECEIPT NO. | |
| CASHIER | DATE |