

COURSE REGISTRATION WORKSHEET

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|--|------------------------------|-----------------------------|--|-----------------------|
| HAVE YOU ATTENDED ALGONQUIN COLLEGE BEFORE? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | STUDENT NUMBER |
| Previous last name if changed since you last attended Algonquin College: _____ | | | | |
| Have you moved (since you last attended Algonquin College)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If "Yes" – Previous Address: _____ | | | | |

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|-----------------------|----------------------------------|-----------------|--|--|-----------------------|
| LAST NAME | FIRST NAME | INT. | MR. <input type="checkbox"/> MS. <input type="checkbox"/> | MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> | DATE OF BIRTH (D/M/Y) |
| APT. | HOME ADDRESS (street # and name) | | CITY | | PROVINCE |
| 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 |
|------------|-----------|--------------|--------|---------------|------|------|
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Please ensure you have the prerequisites, if any, for the course(s) in question

| | |
|--|-------------------|
| | TOTAL FEES |
| | . |

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| PAYMENT |
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| <p>Please submit this form with payment to:</p> <p>Algonquin College Registration Office - Room 131 1 College Way Pembroke, ON K8A 0C8</p> |