



Part Time Studies Registration Form

Surname: _____ First Name: _____

(Mr. ___ Mrs. ___ Ms. ___)

Mailing Address: _____

City: _____ Province _____ Postal Code: _____

Telephone Number: Home: _____ Work: _____

E-Mail: _____

Birthdate: Day _____ Month _____ Year _____

Are you a Canadian Citizen: Yes _____ No _____

Have you ever applied to or attended Algonquin College? Yes _____ No _____

Course Title	Fee

Payment By: Cheque ___ MO ___ Debit ___ Visa ___ MC ___ AM ___

Card No. _____ Expiry Date _____ Signature _____

1. Please make cheques payable to Algonquin College.
2. Post-dated cheques will not be accepted.
3. There is a \$25.00 charge for cheques returned from the bank.
4. Cheques returned from the bank are not considered to be an official withdrawal; clients remain registered and responsible for payment of fees.

Enrolment Policy – Registration takes place on a first come, first serve basis. Algonquin College reserves the right to cancel or alter courses as deemed necessary. We will make every effort to telephone you at the home or business number provided at the time of registration. You will have the choice to register in another course, if applicable, or receive a full refund. Please refer to the Refund Policy for information on refunds <http://extraweb.algonquincollege.com/refundPolicy.aspx>.