



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. <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	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