

CONFIRMATION OF COURSE REGISTRATION
(Please Print Clearly)

Part A: Student Information

Fields marked with (*) are required.

OEN (if available)

Legal First Name*

Legal Last Name *

Date of Birth (M/D/Y) *

Address *

Unit / Apt. #

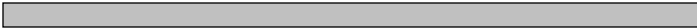
City *

Province *

Postal Code *

Contact Number *

E-mail Address *



Part C: Method of Payment (please select one payment option)

Credit Card Number

Part D: Communications and Authorizations

I HEREBY AUTHORIZE THE REGISTRAR OR HIS/HER DESIGNATE TO GIVE OUT THE INFORMATION BELOW:

1. My attendance, academic and placement records to my sponsor/employer who has paid for the training.
2. My attendance and academic records to the Ministry of Advanced Education and Skills Development (when required).

The information on this form is collected under the legal authority of the Colleges and Universities Act, R.S.O 1980, Reg. 640. The information is used for the administration and statistical purposes of the College and/or ministries and agencies of the Government of Ontario or the Government of Canada. For further information, please contact the Registrar, P.O Box 3211, Timmins, Ontario P4N 8R6, (705) 235-7134.

I HAVE READ THE ABOVE STATEMENTS AND AUTHORIZE THE RELEASE OF INFORMATION CONTAINED HEREIN TO THE AFOREMENTIONED.