

**CONTINUING EDUCATION
REGISTRATION FORM**



PERSONAL INFORMATION

CNC Student Number (if previously applied): _____

Last name: _____ First name: _____ Middle name: _____

Former last name (if applicable): _____

Mailing address: _____ Apartment/unit #: _____

City: _____ Province: _____ Postal code: _____

Home: () _____ Cell: () _____ Alternate: () _____

E-mail address: _____

REGISTRATION CANNOT BE COMPLETED WITHOUT THE FOLLOWING INFORMATION

Birthdate: Year _____ Month _____ Day _____ Gender: Male Female

Do you identify yourself as an Aboriginal person: Yes No

Are you an International Student: Yes No

If yes, there may be additional paperwork/forms. Please contact the Continuing Education registration desk.

For audit purposes the Ministry of Advanced Education requires the above information. Public post-secondary institutions are bound by the Freedom of Information and Privacy Legislations. All information will be kept confidential.

COURSE INFORMATION

Program/
Course name: _____ Scheduled date: _____

Program/
Course name _____ Scheduled date: _____

Program/
Course name _____ Scheduled date: _____

SPONSORED/CONTRACT STUDENTS ONLY

I give permission to the College of New Caledonia to release information, including attendance and course grades, to my sponsor/employer upon their request (up to 30 days after course completion).

Signature: _____ Date: _____

If this form is returned via email a handwritten signature is not required. However, returning this form via email constitutes your consent to release the above information.

TO REGISTER AND SUBMIT PAYMENT

Registration must be accompanied by payment of fees or a signed sponsorship form.

CNC Continuing Education Registration

100 Campus Way, Quesnel, BC V2J 7K1

quesnel@cnc.bc.ca

Phone: 250-991-7500 | Toll Free: 1-866-7550 | Fax: 250-991-7523

HOW DID YOU HEAR ABOUT THIS PROGRAM OR COURSE?

- | | | | | |
|-----------------------------------|------------------------------------|-------------------------------------|--|--|
| <input type="checkbox"/> Radio | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Website | <input type="checkbox"/> Google Search | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Twitter | <input type="checkbox"/> Trade Show | <input type="checkbox"/> Employer | <input type="checkbox"/> Other |

DECLARATION

Collection of Information: The information on this form and all required admissions and registration documentation is collected for the purpose of meeting the data requirements for admission, registration, research, alumni and development, statistical analysis, locker and U-Pass administration, and the student health plan. It is collected under the authority of the College and Institute Act and your privacy is protected under the Freedom of Information and Privacy Act limiting how your information may be used or disclosed. If you have any questions about the collection and use of your information contact the Freedom of Information Coordinator, College of New Caledonia at 250-561-5828.

All hard copied materials/information provided by you in support of your application to CNC becomes the property of the College and will not be returned and may be destroyed within six months of receipt.

Declaration: I declare that the information that I have provided in this application is complete and correct. Completion of this signed application permits the College to request and/or confirm any information necessary to support my application for admission. Falsifying any document or information submitted will result in the cancellation of admission or registration at the College of New Caledonia.

I understand the submission of this application in no way guarantees admission to a program or course, and that admission is subject to meeting program or course prerequisites and space availability.

If I am admitted to the College of New Caledonia, I agree to familiarize myself with and to abide by the most current policies of the College during my tenure as a student.

In addition, I agree as a condition of registration at the College of New Caledonia to pay all fees and charges as approved by the Board of Governors to the College as required by the deadlines posted by the College, and to pay any interest charges on any sum which becomes due and payable according to the payment procedures at the College of New Caledonia.

Signature: _____ Date: _____

Parent/Guardian Signature*: _____ Date: _____

*Parent/Guardian signature only required if applicant is 17 years of age or younger on the first day of school.