

**PERSONAL INFORMATION**

CNC student number (if applicable): \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Former last name (if applicable): \_\_\_\_\_

Mailing address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Alternate: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

**YOUR REQUEST CANNOT BE COMPLETED WITHOUT THE FOLLOWING INFORMATION**

This section of the request for registration form must be completed in full. 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.

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 and/or forms. Please contact the International Education Department at 250 561 5857.*

Program/ course name: _____	Scheduled date: _____
Program/ course name: _____	Scheduled date: _____
Program/ course name: _____	Scheduled date: _____

SPONSORED/CONTRACT STUDENT ONLY

I hereby authorize the College of New Caledonia to invoice \_\_\_\_\_ for tuition and course fees as determined on the Sponsorship Application Form completed by my sponsoring agency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If this form is returned via email a handwritten signature is not required. Please note, checking this box and returning this form via email constitutes your authorization of the above information.

TO COMPLETE REQUEST

Please mail, fax or email this Request for Registration Form. If sponsoring a student this form must be accompanied a signed Sponsorship Form.

CNC Continuing Education Registration  
3330 – 22 Avenue, Prince George V2N 1P8  
[continuingedreg@cnc.bc.ca](mailto:continuingedreg@cnc.bc.ca)

P 250 561 5801 | TF 1 800 371 8111 Ext 5801 | F 250 561 5861

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

I understand the submission of this request for registration 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 class.*