

UNCLASSIFIED STUDENT COURSE REGISTRATION FORM

Student Name: _____	Birthdate: _____
Home Address: _____	Citizenship: _____
Phone: (Home) _____ (Work) _____ (Cell) _____	
Email: _____	Social Insurance Number: (For Tuition Fees Tax Receipt) _____
Home Church (Name and Address): _____	

Course Number: _____

Course Name: _____

Course Start Date: _____

Payment Details	Invoice Amount	Method of Payment:
<u>Paying by Course</u> PER COURSE (Tuition \$675, Student fee \$40*, IT fee \$30) *Student fee may be waived based on # of courses taken.	\$745.00	<input type="checkbox"/> Visa/MC <input type="checkbox"/> American Express <input type="checkbox"/> Debit Card <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
<u>Textbook(s)</u> prices as quoted for each course	_____	
<u>Deduction</u> (discounts are on tuition only)	_____	

TOTAL DUE	_____	

NOTE: Unclassified students may only take five courses before being required to complete the full application process.

Withdrawal Policy: I understand that I am responsible for the full course fee of \$745.00 unless I withdraw by the posted Add/Drop date.

Student Signature: _____ Date: _____

ABC Staff Signature: _____ Date: _____

Note: