

UNCLASSIFIED STUDENT REGISTRATION FORM

Semester and Date: _____



Student Name: _____ Date of Birth: _____

Home Address: _____

Phone Number: (Cell): _____ (Home): _____

Email: _____ SIN: _____
(for CRA tuition tax receipt)

Home Church (Name and Address): _____

List Course Number and Course Name:

1. _____
2. _____
3. _____
4. _____
5. _____

NUMBER OF COURSES

- ☐ CREDIT
☐ AUDIT

Approved by: _____

PAYMENT DETAILS

Invoice Amount

Tuition _____

Fees _____

TOTAL _____

METHOD OF PAYMENT

- ☐ Credit Card
☐ eTransfer
☐ Debit
☐ Cash
☐ Cheque

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 fees unless I withdraw SEVEN DAYS PRIOR TO the first day of the course. _____ (Student Initials)

Student Signature: _____ Date: _____

ABC Staff Signature: _____ Date: _____

Note: