

NON-CREDIT REGISTRATION



Office of the Registrar

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PERSONAL INFORMATION

Complete all spaces below. If not applicable to you, indicate "N/A"

FOR OFFICE USE ONLY		
STUDENT ID #	TODAY'S DATE	ENTERED BY

LAST NAME (LEGAL)		FIRST NAME (LEGAL)		MIDDLE NAME (LEGAL)		
BIRTHDATE YEAR MONTH DAY		SOCIAL INSURANCE NUMBER		EMAIL		
STREET ADDRESS			CITY / TOWN		POSTAL CODE	
TELEPHONE - HOME ()		TELEPHONE - WORK ()		TELEPHONE - CELL ()		
EMERGENCY CONTACT First Name Last Name		EMERGENCY CONTACT TELEPHONE ()		HOW DID YOU HEAR ABOUT US?		
CITIZENSHIP <input type="radio"/> Canadian <input type="radio"/> Permanent Resident / Landed Immigrant <input type="radio"/> Student Visa <input type="radio"/> Permit / Other Visa CITIZENSHIP _____		MARITAL STATUS <input type="radio"/> Single / Never married <input type="radio"/> Married / Cohabitant <input type="radio"/> Other	GENDER <input type="radio"/> Male <input type="radio"/> Female	LAST YEAR'S RESIDENCE <input type="radio"/> Alberta <input type="radio"/> Other Province <input type="radio"/> Outside Canada		LAST YEAR'S MAIN ACTIVITY <input type="radio"/> Student <input type="radio"/> Workforce <input type="radio"/> Other
STUDENTS WITH DISABILITIES <input type="radio"/> Yes, I wish to be contacted about services for students with disabilities or serious health conditions.						

COURSE INFORMATION

COURSE NAME		LOCATION & DATE		TERM	
COURSE CODE (EX. XHLT 1050)		TUITION COST	MATERIAL COST	GST	TOTAL
<input type="radio"/> STUDENT FUNDED <input type="radio"/> CONTRACT TRAINING (Fee Schedule as per Contract Only) <input type="radio"/> THIRD PARTY FUNDED		<input type="radio"/> CASH <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> OTHER		_____ / _____ CARD # EXPIRY DATE _____ CARDHOLDER NAME	
IF CONTRACT OR THIRD PARTY FUNDED PLEASE MAIL INVOICE TO		COMPANY			
		CONTACT PERSON		TELEPHONE ()	PO NUMBER
		STREET ADDRESS OR PO BOX		CITY/TOWN	POSTAL CODE

Freedom of Information & Protection of Privacy (FOIP) Statement

The personal information requested on this form is collected under the authority of section 65 of the Post-secondary Learning Act and section 33(c) of Alberta's Freedom of Information and Privacy Act and will be used for the purpose of admission, registration, issuing income tax receipts, scholarships and awards, convocation, sending educational information, library services, and for College research and planning. Certain personal information will also be disclosed to Statistics Canada to comply with the Statistics Act; Alberta Enterprise and Advanced Education to meet reporting requirements; Alberta Human Services for determining and monitoring student eligibility for their services; work experience and practicum sites to set up appropriate placements; Students' Association for the purposes of membership, fee collection, and contacting students; and to the Alumni Association for the purposes of membership and information sharing. For information about the collection and use of this information, contact the NorQuest FOIP Coordinator at 10215-108 Street NW, Edmonton, AB, T5J 1L6, Tel. 780.644.6000.

By the act of registering for a course, each student agrees to be bound by the policies and procedures of the college.

APPLICANT SIGNATURE	PRINT NAME	DATE
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