



SAULT COLLEGE

# STUDENT REGISTRATION FORM

PLEASE PRINT

Student Number

Last Name

Given Name  Initial

Apt. #  Mailing Address

City/Province/State  Postal Code/Zip

Home Telephone  -  Business Telephone  -

Birthdate  E-mail Address  and Ext.:

Year    Month    Day

- MR
- MS
- MRS
- MISS

443 Northern Ave.  
 Sault Ste. Marie, ON P6B 4J3  
 Phone: (705) 759-6700  
 Fax: (705) 759-3273

Are you a full-time faculty or support staff?  Yes  No  
 Have you changed your name or address since last time registered?  Yes  No  
 If yes, previous name and/or address \_\_\_\_\_

Senior Citizen  Yes  No

NO.	COURSE NO.	COURSE NAME	START DATE	TIME	DAY							
					M	T	W	T	F	S	S	
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you met the entrance prerequisites for the course for which you are applying? Yes  No

### ADMISSION QUALIFICATIONS:

1. Are you a secondary school graduate? Yes  No
2. Are you 19 years of age or older? Yes  No  Specify \_\_\_\_\_
3. Have you previously attended Sault College? Yes  No  Year \_\_\_\_\_ Student No. \_\_\_\_\_

<input type="checkbox"/> Visa No. or <input type="checkbox"/> MasterCard	<input style="width: 100%;" type="text"/>  Start Date <input type="text"/> <input type="text"/> Mo. Yr.    Expiry Date <input type="text"/> <input type="text"/> Mo. Yr.	<b>Is this a company credit card?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, company name: _____ company address: _____ _____
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### Conditions of Registration

1. Fees must be paid in full at the time of registration.
2. Registrants may be required to present evidence of meeting College and/or subject admission requirements.
3. The College reserves the right to cancel courses.

### Withdrawal & Refund

1. To withdraw notify the Registrar's Office.
2. A refund will ONLY be issued for a withdrawal request made **PRIOR TO THE SECOND SCHEDULED CLASS**, less a \$15 Administration Fee. If the course has only one class, the withdrawal request must be made prior to the beginning of that scheduled class to be eligible for a refund.

**IMPORTANT: After second scheduled class, fees are neither transferable nor refundable.**

I certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application. I have read the Freedom of Information and Protection of Individual Privacy Statement and hereby authorize my secondary school and the Ministry of Education to release a full statement of my academic achievement in the college. I also authorize the college to release information from the application to the Ministry of Colleges and Universities.

**FREEDOM OF INFORMATION AND PROTECTION OF INDIVIDUAL PRIVACY**  
The information on this form is collected under the legal authorization of the Ministry of Colleges and Universities Act, R.S.O. 1990, c.M.19.S.5; R.R.O. 1990, Reg. 770. The information is used for the administration and statistical purposes of the College and or Ministries and Agencies of the Government of Ontario and the Government of Canada. For further information please contact the Registrar, 443 Northern Ave., Sault Ste. Marie, ON (705) 759-6700.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

RO-CE/03-02/1M/CE.REG

### Applicants with Special Needs

Sault College attempts to provide reasonable support services for students with special needs. Early self-identification of special needs is important to ensure the best quality of service. Applicants with special needs e.g. Learning Disabilities, Physical Handicaps etc. are urged to contact the Special Needs Office.