

**COURSE REGISTRATION WORKSHEET**

<b>HAVE YOU ATTENDED ALGONQUIN COLLEGE BEFORE?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>STUDENT NUMBER</b>
Previous last name if changed since you last attended Algonquin College: _____			_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Have you moved (since you last attended Algonquin College)?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes" – Previous Address: _____			

LAST NAME	FIRST NAME	INT.	MR. <input type="checkbox"/>	MALE <input type="checkbox"/>	DATE OF BIRTH (D/M/Y)
			MS. <input type="checkbox"/>	FEMALE <input type="checkbox"/>	
APT.	HOME ADDRESS (street # and name)	CITY		PROVINCE	POSTAL CODE
HOME PHONE NO. (    )	WORK NO. (    )	E-MAIL ADDRESS			

ARE YOU A CANADIAN CITIZEN OR PERMANENT RESIDENT?       Yes       No

IF NO, VISA TYPE? \_\_\_\_\_

COURSE NO.	SECTION #	COURSE TITLE	CAMPUS	DAY OF COURSE	TIME	FEES
_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _					_ _ _ _ _ _ _ _ _
_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _					_ _ _ _ _ _ _ _ _
_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _					_ _ _ _ _ _ _ _ _
_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _					_ _ _ _ _ _ _ _ _

*Please ensure you have the prerequisites, if any, for the course(s) in question*

**TOTAL FEES**      |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

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PAYMENT
<p><b>Please submit this form with payment to:</b></p> <p><b>Algonquin College</b> <b>Registrar's Office</b> <b>Room C150</b> <b>1385 Woodroffe Avenue</b> <b>Ottawa, ON K2G 1V8</b></p>