REGISTRATION FORM Windsor & Chatham - Continuing Education

St. Clair College Continuing Education
2000 Talbot Rd.W., Windsor, Ontario N9A 6S4
519-972-2711 • Email coned@stclaircollege.ca

St. Clair College Continuing Education Chatham
1001 Grand Ave. W. Chatham, Ontario N7M 5W4
Phone 519-354-9100 Fax 519-354-6941

St. Clair Student Number ☐☐☐☐☐☐☐ Social Insurance Number *(first 6 digits only)* ☐☐☐ - ☐☐☐ - X X X Birth Date (Year/Month/Day) ____ / ____ / ____

If you know your St. Clair College student number, please enter it here. If you do not have one, a number will be assigned to you. Please complete one form per person registering. This form may be photocopied for additional registrations.

☐ Mr.
☐ Miss
☐ Mrs.
☐ Ms.

Surname First Name Middle Former Name

Apt. #, Street, Box # or RR#

City Province Postal Code

Home Telephone Business Telephone

Email Address ***IMPORTANT:*** *Please include your email address!*

☐ FALL ☐ WINTER ☐ SPRING ☐ SUMMER

Course Code	Section	Class#	Fees
Eg: ABC 123	050	1292	$214.72
Tuition Fee			
Admin Fee*			
Total Fees			

Indicate 2nd choice in this space in case course section is full

Note:
Registrations will not be processed unless payment is attached.
NO POSTDATED CHEQUES PLEASE

Admin Fees: $42.50 for the first credit course, $33.50 for each additional credit course.

Exceptions: Non-credit courses. Course codes end with an "N".

Parking permits (WINDSOR) must be paid for and picked up at the Main Lobby Parking Office between 8:00 am to 7:00 pm, Mon. to Thurs. and 8:00 am to 3:00 pm Fri. DO NOT include Parking Fees with this form.

☐ FALL ☐ WINTER ☐ SPRING ☐ SUMMER

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METHOD OF PAYMENT

☐ CHEQUE ☐ ONLINE BANKING

As of September 30th, 2017, St. Clair College will no longer accept credit cards as a form of payment for tuition. We encourage students to pay using online banking through their Financial Institutions website.

CHANGE OF NAME / ADDRESS (if your name or address has changed since you last took a course at St. Clair College)

Previous Name: _____ Previous Address: _____

THE INFORMATION ON THIS FORM IS COLLECTED UNDER THE LEGAL AUTHORIZATION OF THE COLLEGES AND UNIVERSITIES ACT R.S.O. 1980. C.272S5:R.R.O. 1980, REG 640. THE INFORMATION IS USED FOR THE ADMINISTRATIVE 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, ST. CLAIR COLLEGE, 2000 TALBOT ROAD W., WINDSOR, ON N9A 6S4. TELEPHONE (519) 972-2700.
I have read the above statement and I hereby authorize the release of all records related to my registration (attendance) and academic progress to the aforementioned.

Signature: _____ Date: _____

☐ **Sponsored**
If sponsored by an employer or agency, a letter of authorization on company letterhead, or a purchase order must accompany registration form.