



Continuing Education / Non-Credit REGISTRATION

Office of the Registrar · NorQuest College

10215 108 Street · Edmonton · Alberta · T5J 1L6
Tel. 780.644.6000 · 1.866.534.7218
www.NorQuest.ca · Info@NorQuest.ca

FOR OFFICE USE ONLY			
STUDENT ID #	TODAY'S DATE	ENTERED BY	CONTRACT <input type="radio"/> Yes <input type="radio"/> No CONTRACT NAME

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

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 COUNTRY OF 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 Yes, I wish to be contacted about services for students with disabilities or serious health conditions.

COURSE INFORMATION

COURSE NAME		LOCATION		DATE & TIME	
COURSE CODE		TUITION COST	MATERIAL COST	GST	TOTAL
<input type="radio"/> STUDENT FUNDED <input type="radio"/> CONTRACT TRAINING <i>(Fee Schedule as per Contract Only)</i> <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 _____	

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

APPLICANT / CLIENT SIGNATURE		PRINT NAME		DATE
IF CONTRACT OR THIRD PARTY FUNDED		COMPANY		
PLEASE MAIL INVOICE TO		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 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 registration, issuing Income tax receipts, scholarships and awards, sending educational information, and for College research and planning. Certain personal information will also be disclosed to Statistics Canada to comply with the Statistics Act Alberta Advanced Education to meet reporting requirements; Alberta Employment and Immigration for determining and monitoring student eligibility for their services; to work experience and practicum sites in order to set up appropriate placements; to the 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 Student Records and FOIP Coordinator at 10215 108 Street NW, Edmonton, AB T5J 1L6, telephone (780) 644-6000.