



HUMBER Continuing Education Registration Form

PLEASE USE ONE APPLICATION FORM PER PERSON. PLEASE PRINT CLEARLY.

Use this form to register:

in person by mail by fax

Please provide your Student ID Number, if you have been issued one: _____

I am completing a certificate/diploma – program number _____ OR a single course

M R. <input type="checkbox"/>	M S. <input type="checkbox"/>	OTHER _____	LEGAL SURNAME	FORMER SURNAME (if applicable)	GIVEN NAMES	DATE OF BIRTH Y _____ M _____ D _____
PLEASE INDICATE YOUR CITIZENSHIP STATUS IN CANADA: <input type="checkbox"/> CANADIAN CITIZEN <input type="checkbox"/> NATIVE ANCESTRY <input type="checkbox"/> PERMANENT RESIDENT / LANDED IMMIGRANT <input type="checkbox"/> OTHER						
STREET NO. & NAME, P.O. BOX, R.R. #						APT. NO.
CITY/TOWN		PROVINCE	POSTAL CODE	E-MAIL ADDRESS		
HOME TELEPHONE ()		BUSINESS TELEPHONE ()		Students applying for Postgraduate Nursing Courses MUST include their REGISTERED NURSING ONTARIO CERTIFICATE OF COMPETENCE NUMBER:		
METHOD OF PAYMENT (check one): <input type="checkbox"/> CERTIFIED CHEQUE <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DEBIT CARD (in person) <input type="checkbox"/> MONEY ORDER		ACCOUNT NUMBER	CARD EXPIRY DATE	EXACT CARDHOLDER NAME (AS ON CREDIT CARD)		
PLEASE: NO CASH OR UNCERTIFIED PERSONAL CHEQUES. MAKE FEES PAYABLE TO HUMBER COLLEGE INSTITUTE OF TECHNOLOGY & ADVANCED LEARNING						
COURSE NUMBER	CLASS	START DATE	FEE	COURSE NAME		
COURSE NUMBER	CLASS	START DATE	FEE	COURSE NAME		
I have read and have understood the registration and academic requirements. N.B. All course applicants must sign this document. If you are under the age of 19, your parent/guardian must also sign.		TOTAL FEES PAID		Full fees required at time of registration. MAKE FEES PAYABLE TO HUMBER COLLEGE INSTITUTE OF TECHNOLOGY & ADVANCED LEARNING We regret that incomplete applications MUST be returned. MAIL completed application(s) to: Humber College Institute of Technology & Advanced Learning - North Campus Customer Service and Registration Centre Continuing Education 205 Humber College Blvd. Toronto, Ontario, Canada M9W 5L7 Fax: 416.675.2427		
Students with disabilities may contact the office for Students With Disabilities at 416.675.6622 ext. 4151 for information and/or service.		Signature _____		Date _____		Rev. 04/06
						FOR OFFICE USE ONLY _____ AUTHORIZATION



HUMBER Continuing Education Registration Form

PLEASE USE ONE APPLICATION FORM PER PERSON. PLEASE PRINT CLEARLY.

Use this form to register:

in person by mail by fax

Please provide your Student ID Number, if you have been issued one: _____

I am completing a certificate/diploma – program number _____ OR a single course

M R. <input type="checkbox"/>	M S. <input type="checkbox"/>	OTHER _____	LEGAL SURNAME	FORMER SURNAME (if applicable)	GIVEN NAMES	DATE OF BIRTH Y _____ M _____ D _____
PLEASE INDICATE YOUR CITIZENSHIP STATUS IN CANADA: <input type="checkbox"/> CANADIAN CITIZEN <input type="checkbox"/> NATIVE ANCESTRY <input type="checkbox"/> PERMANENT RESIDENT / LANDED IMMIGRANT <input type="checkbox"/> OTHER						
STREET NO. & NAME, P.O. BOX, R.R. #						APT. NO.
CITY/TOWN		PROVINCE	POSTAL CODE	E-MAIL ADDRESS		
HOME TELEPHONE ()		BUSINESS TELEPHONE ()		Students applying for Postgraduate Nursing Courses MUST include their REGISTERED NURSING ONTARIO CERTIFICATE OF COMPETENCE NUMBER:		
METHOD OF PAYMENT (check one): <input type="checkbox"/> CERTIFIED CHEQUE <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DEBIT CARD (in person) <input type="checkbox"/> MONEY ORDER		ACCOUNT NUMBER	CARD EXPIRY DATE	EXACT CARDHOLDER NAME (AS ON CREDIT CARD)		
PLEASE: NO CASH OR UNCERTIFIED PERSONAL CHEQUES. MAKE FEES PAYABLE TO HUMBER COLLEGE INSTITUTE OF TECHNOLOGY & ADVANCED LEARNING						
COURSE NUMBER	CLASS	START DATE	FEE	COURSE NAME		
COURSE NUMBER	CLASS	START DATE	FEE	COURSE NAME		
I have read and have understood the registration and academic requirements. N.B. All course applicants must sign this document. If you are under the age of 19, your parent/guardian must also sign.		TOTAL FEES PAID		Full fees required at time of registration. MAKE FEES PAYABLE TO HUMBER COLLEGE INSTITUTE OF TECHNOLOGY & ADVANCED LEARNING We regret that incomplete applications MUST be returned. MAIL completed application(s) to: Humber College Institute of Technology & Advanced Learning - North Campus Customer Service and Registration Centre Continuing Education 205 Humber College Blvd. Toronto, Ontario, Canada M9W 5L7 Fax: 416.675.2427		
Students with disabilities may contact the office for Students With Disabilities at 416.675.6622 ext. 4151 for information and/or service.		Signature _____		Date _____		Rev. 04/06
						FOR OFFICE USE ONLY _____ AUTHORIZATION