

REGISTER NOW!



Continuing Education Registration Form

Please print clearly

**If you are an employer or sponsoring agency, please use the
Employer/Sponsor Approval for Fees forms at camosun.ca/ce.**

Last Name _____

First Name _____ Initial _____ ^{Mandatory} Male* Female*

Home Address _____

City _____ Postal Code _____

Phone (home) _____ Phone (work) _____

Phone (cell) _____ Email: _____

Have you registered with us before? Yes No

Student Number (if previously a student): _____

or ^{Mandatory} Birthdate* _____ and SIN # (opt.)** _____

** Providing birthdate and gender information helps us to ensure the accuracy and completeness of your transcript and tuition tax receipt.*

*** While not mandatory, this information also helps ensure accuracy when setting up your student record.*

Course(s):

1. Course No. _____ Fee _____ HST 12%\$ _____
(if applicable)

Course Name _____

2. Course No. _____ Fee _____ HST 12%\$ _____
(if applicable)

Course Name _____

3. Course No. _____ Fee _____ HST 12%\$ _____
(if applicable)

Course Name _____

If your chosen courses are full, please indicate alternate course selections, if any.

Has your telephone number and/or address changed? Please call 250-370-3550 and let us know. It's the best way to ensure we can contact you if there should ever be a last-minute class change.

Payment: (Check **one** option below. Note that 12% HST will be added to course fees where applicable)

_____ **Cash** (in-person registration only)

Cheque/money order (If mail-in registration, please enclose a separate cheque for each course selected, payable to Camosun College. If a course is full we will not process your cheque, but return it. **We will not accept post-dated cheques.**)

Charge card (check one): VISA MasterCard American Express JCB

Card No. _____ Expiry _____ / _____

Signature _____

Registration: 250-370-3550 • camosun.ca/ce-reg • Fax: 250-370-3551