



CONESTOGA
REGISTRAR'S OFFICE

Program Application Form

Use this form to apply for Continuing Education and Corporate Training Programs. Do not use this form to register for individual courses.

Program Transfer with Advanced Standing Currently enrolled in a Program and wish to transfer to a semester beyond semester one of another program (includes co-op)

Readmission with Advanced Standing Formerly enrolled in a Program and wish to be admitted to a program beyond semester one

Note: If you need help to complete this form, please call the Information Centre at 519-748-5220, ext. 3656.

Processing Fee A \$30 fee is charged for processing this information and is valid for one academic year. Form to be submitted to the Registrar's Office. This item is not taxable.

Mr Mrs Ms OEN # _____ Student # _____

Last Name _____ First Name _____ Second Name _____

Previous Last Name _____ Date of Birth (Y/M/D) _____

Apt. #, Street # and Name _____ City _____

Province or Country _____ Postal Code _____ Tel. No. _____

Alternate Tel. No. _____ Email _____ Fax No. _____

Have you attended a program or course at Conestoga? Yes No Full-time Part-time

Program Attended _____ Years Attended _____

Canadian Citizen Permanent Resident (attach documentation) Student Visa (attach documentation) OR Country of Citizenship _____

I have attached proof of the Admission Requirements for the program(s) listed below.

Admission requirements are listed in College publications, or call the Information Centre 519-748-5220, ext. 3656

1. Program Name _____ Program Number _____

Semester or Level _____ Campus _____ Start Date* _____ Full-time Part-time Co-op Non Co-op

2. Program Name _____ Program Number _____

Semester or Level _____ Campus _____ Start Date* _____ Full-time Part-time Co-op Non Co-op

3. Program Name _____ Program Number _____

Semester or Level _____ Campus _____ Start Date* _____ Full-time Part-time Co-op Non Co-op

* If the requested start date is not available, applicant may be considered for the next available start date.

METHOD OF PAYMENT		Send to: Conestoga College, Registrar's Office 299 Doon Valley Dr., Kitchener, Ontario N2G 4M4 Fax 519-895-1097 Tel. 519-748-5220 TTY: 866-463-4454 (for the hearing impaired) Freedom of Information The personal information collected on this form is used for administrative purposes of the Registrar's Office under the authority of the Ontario Colleges of Applied Arts and Technology Act, R.S.O. 2002, and regulations thereunder. Personal information will be protected in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA).																			
Total fee payable \$ _____ Without payment, this application cannot be processed.																					
<input type="checkbox"/> Debit Card (in person only)																					
<input type="checkbox"/> Cheque or <input type="checkbox"/> Money Order (payable to Conestoga College, we do not accept post-dated cheques)																					
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express																					
Credit Card Information (Credit card will not be billed until registration accepted)																					
Credit Card Expiry Date	Month _____ Year _____																				
Credit Card Number	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
Cardholder's Name	First Name <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Surname <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
Cardholder's Signature	_____																				

I certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application. I have read the Freedom of Information and Protection of Individuals Privacy statement.

Signature of Applicant _____ **Date** _____

Office Use Only	Date _____	Charge _____
Receipt No. _____	Clerk Initial _____	