

2014/10



Request to Register in a Conestoga Degree Course Registration Form

The completed form along with supporting documentation must be presented to the Credit Transfer Office by mail or email CreditTransfer@conestogac.on.ca to prior to the start of the course. (Please allow 3-4 weeks for processing.)

Supporting Documentation includes:

- Letter of Permission from home institution (if required)
- Proof of admission requirements (Official Transcripts, must be submitted in the original sealed envelope)

Note: Payment of fees is required at the time of registration. (Personal cheques are not accepted.)

Part A - Pe	ersonal Inform	nation					
Citizenship S	tatus: 🗖 Canadiar	Citizen	•				
Have you ever been a Conestoga student? ☐ Yes ☐ No Last NameF			Student #:				
			First Name				
Address: Apt.	#:	Street Number and Name:					
City:		Province:	Postal Code:				
Tel:				Date of Birth: Yr.	MoDa	ıy	
Email:				_			
Part B - Co	urse Approval	(Recommended 3 courses)	Campus:	Campus: ☐ Doon ☐ Cambridge			
☐ I would like	e to register in the	following course(s)					
Please Complete This Section				For Department I	Use Only		
Semester F/W/S	Conestoga Course Code	Course Title		Decision	Initials	Course Section	
			☐ Approve	ed			
			Reason:				
			☐ Approve	ed			
			Reason:				
			☐ Approve	ed			
			Reason:				
may have to p		are correct and complete, incloon at some future date to subst egistration status.					
Student's Sig	ınature:			Date:			
Program Cha	air's Signature:			Date:			

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).