

*All fees must be paid in full at the time of registration.
Failure to do so will result in your course(s) being automatically deleted.*

CREDIT COURSE SELECTION FORM - AUTUMN 2010

Program Name: _____

Program Number:

Vanier College Student Identification Number:

Please Print Clearly

Legal Family Name at Birth (Last Name):

Given First Name:

Area Code: Primary Telephone Number: Area Code: Other Telephone Number:

Area Code: Work Telephone Number: Extension/Local:

Last Semester Attended at Vanier

Autumn Summer

Winter Year: _____

Québec Secondary School Diploma or equivalent completed

Yes No

REASON FOR TAKING COURSE(S): (SEE PAGE 24)

Course Selection

	Section No.	Course No.	Category	TITLE:	DAY:	# Hours
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____

Categories: **BLB** = Block B English or Humanities, **CE** = 080.07 Program, **COM** = Complimentary, **GEN** = Block A English, Humanities, Physical Education, **HP** = Out of Program, **MN** = Upgrading: Chemistry, French, Mathematics, Physical Science, Physics, **PU** = University Prerequisite, **SPE** = AEC or DEC Courses in Program

Semester Parking Permit

If you want to purchase a semester parking permit, please complete the following. Each permit costs **\$30.00 per evening for the semester**. (Nightly parking after 5:00pm is also available at a cost of \$4.00 per individual evening. Tickets are available at the Parking Pay Stations.) There is no charge for parking on Friday evening, Saturday or Sunday.

Vehicle Information

Make of Vehicle: _____

Colour of Vehicle: _____ Licence Plate #: _____

Parking Permit Information

For which evening do you want the Parking Permit?

Monday Tuesday Wednesday Thursday

I agree to adhere to all Vanier College parking regulations.

Student Signature: _____

Date: _____

Office Signature: _____

All fees must be paid in full at the time of registration.

Method of Payment

NO cash or personal cheques are accepted.

MasterCard VISA Certified Cheque

Money Order Debit Card (in person only)

Card No. _____

Expiry Date: _____

Card Holder Name: _____

Card Holder Signature: _____

Date: _____

See Fee Calculation Chart (pg. 21)

\$30 Application Fee (if applicable) = \$ _____

Credit Tuition Fees = \$ _____

Hors Programme Tuition Fees = \$ _____

Activity, Registration & Auxiliary Fees = \$ _____

Québec Non-Resident Fees (if applicable) = \$ _____

International Student Fees (if applicable) = \$ _____

Parking Fees (if applicable) = \$ _____

TOTAL = \$ _____

By signing, I agree to pursue and complete the above program, as well as adhere to all College policies and deadlines.

Student Signature _____ Date _____

FOR OFFICE USE ONLY Parking Permit Number(s): Monday Tuesday Wednesday Thursday

Total Fees Paid: \$ _____ Method of Payment: _____ Date: _____

Refund Information Student withdrew from College Course was cancelled by College

Permit # _____ Returned on _____

Note: If you are **graduating** this semester you **must** complete the Graduation Evaluation Request Form available in Continuing Education, Room E-115, or online.