

*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:    Secondary 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 25)**

**Course Selection**

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

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** = Remedial Activities: Chemistry, French, Mathematics, Physics, Science, **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.

VANIER COLLEGE CONTINUING EDUCATION • 821 Ste-Croix Ave., St-Laurent, Québec H4L 3X9 • Tel: 514.744.7000 • Fax: 514.744.7010 • www.vaniercollege.qc.ca/conted