

CONTINUING STUDIES 520 EAST 1ST AVE, VANCOUVER, BC V5T 0H2

Date:

Telephone: 604-844-3810 **Fax:**

604-630-4535 **E-mail:** csreghe1p@ecuad.ca

CONTINUING STUDIES COURSE REGISTRATION FORM

LAST NAME:		LEGAL FIRST NAME:		MIDDLE NAME(S):		PREFERRE	PREFERRED NAME:	
ADDRESS:			ату:		PROVINCE/STATE:	POSTA	POSTAL/ZIP CODE:	
COUNTRY:	Y: STUDENT NUMBE		BER: DATE OF BIRTH (Y		GENDER: Female: Male:	Other:	DISCOUNT: Senior(60+):	
SIGNATURE:	PHONE:		EMAIL ADDRESS:		!			
Method of payme CHEQUE (PAYA CASH OR INTE	ABLE TO ECUA				O ECUAD)			
NAME ON CARD: CARD NUMBER:				Visa Mastercard EXPIRY DATE				
Please register mo	e for the follo	wing course	es:					
COURSE CODE: (ie: CEDR 100)	SECTION: (ie: F001)		COURSE TITLE: (ie: INTRODUCTORY DRAWING			START DATE:		
							\$	
							\$	
							\$	
							\$	
							\$	
Return this form to our office above, or via email or fax.							: \$	

Emily Carr University of Art + Design gathers and maintains information used for purposes of admissions, registration, and other fundamental activities related to being a membr of and attending a public post-secondary institute in the province of British Columbia. In submitting an application for admission or a registration form, all applicants are advised that both the information they provide and any other information placed into the student record will be protected and used in compliance with the British Columbia Freedom of Information & Privacy Act (1992).