

HOW-TO REGISTER: FIVE OPTIONS

1) REAL-TIME ON-LINE REGISTRATION

Go to niagaracollege.ca and begin browsing our catalogue of courses. We have replaced our on-line registration form with a new on-line, real time shopping cart registration system. When you register using this on-line system, you will be enrolled in your course as soon as you make your payment. You will also receive a receipt confirming your enrolment and payment in your e-mail account as soon as the transaction is completed.

2) LIVE TELEPHONE REGISTRATION 905-988-4306

Call this number to register directly using MasterCard, American Express or VISA. Please complete the registration form and **HAVE YOUR STUDENT NUMBER, CLASS NUMBER(S) AND CREDIT CARD INFORMATION READY** when you call.

The Office of the Registrar will be pleased to accept your telephone registration Monday to Friday, 8:30AM to 4:30PM.

3) FAX REGISTRATION

FAX your completed registration form using VISA, American Express, or MasterCard only to 905-736-6000.

4) MAIL REGISTRATION

Mail your completed registration form to the address at the top of the form (make cheque(s) payable to Niagara College).

5) IN-PERSON REGISTRATION

You can register in-person at the Office of the Registrar, Mon. to Fri., 8:30AM to 4:30PM at these locations:

WELLAND CAMPUS

Secord Building, Room SE105

NIAGARA-ON-THE-LAKE CAMPUS

West Wing, Room W109



SPRING 2010 CONTINUING EDUCATION MAIL-IN OR FAX-IN REGISTRATION FORM

Office of the Registrar, Continuing Education, Niagara College
300 Woodlawn Road, Welland, Ontario L3C 7L3
Facsimile Number: 905-736-6000

PERSONAL AND CONTACT INFORMATION

| | | | | |
|----------------------------|----------------|---------------|---|--|
| STUDENT NO. (if available) | LAST NAME | FIRST NAME | INITIAL | <input type="checkbox"/> Mr. <input type="checkbox"/> Miss |
| STREET ADDRESS | | CITY | PROV. | POSTAL CODE |
| HOME PHONE | BUSINESS PHONE | DATE OF BIRTH | | DATE OF BIRTH IS REQUIRED to identify and confirm student records, and to grant computer access. |
| | CELL PHONE | MM | DD | |
| E-MAIL | | | <input type="checkbox"/> Check here if you are a full-time Niagara College student or staff member. | |

COURSE INFORMATION

| COURSE CODE (eg. COMM 1133 P) | *CLASS NO. (1st choice) | *CLASS NO. (2nd choice) | COURSE TITLE | TOTAL COURSE FEE |
|---|----------------------------|----------------------------|--------------|------------------|
| | | | | |
| | | | | |
| | | | | |
| *CLASS NUMBER refers to the specific campus, day/evening of the course you are applying for. PLEASE ENTER THE CORRECT CLASS NUMBER. | | | | TOTAL PAYMENT |

COMPLETE NEXT SECTION ONLY IF YOU ARE WORKING TOWARDS A CERTIFICATE/DIPLOMA

| | | | |
|-------------------------|--|---|---|
| CERTIFICATE NAME/NUMBER | <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME | PREREQUISITE(S): Have you met the entrance requirements for the course(s) for which you are applying? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------------|--|---|---|

PAYMENT INFORMATION (Please make cheque payable to Niagara College. Sorry, we cannot accept post-dated cheques.)

| | |
|--|--|
| METHOD OF PAYMENT: <input type="checkbox"/> Cheque <input type="checkbox"/> AmEx <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard | (IN-PERSON ONLY) <input type="checkbox"/> Cash <input type="checkbox"/> Debit |
| Card Account 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"/> <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"/> <input type="text"/> |
| Expiry Date (MM YYYY) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Cardholder will pay to issuer of the charge card presented herewith, the amount in accordance with the issuer's agreement with the cardholder. | |
| Signature of Cardholder: _____ | |

The Office of the Registrar at Niagara College collects and maintains information for the purpose of admissions, registration, and the administration of other fundamental student programs and services. The Personal Information on this form is collected in accordance with Freedom of Information and Protection of Privacy Act (FIPPA) and under the authority of the Ontario Colleges of Applied Arts and Technology Act. Any questions about this collection should be directed to the Registrar, Niagara College, 300 Woodlawn Road, Welland, Ontario, L3C 7L3
E-mail: registrar@niagaracollege.ca Telephone: 905.735.2211 ext. 7500

Niagara College reserves the right to limit, cancel or adjust programs and courses without notice.

Complete one form per person.
This form may be photocopied for additional registrations.