



Time Conflict Approval

Form must be submitted at the time of registration - Please Print Clearly

Year _____		Campus	Student ID Number
<input type="checkbox"/> Fall (Sep-Dec) <input type="checkbox"/> Winter (Jan-Apr) <input type="checkbox"/> Spring (May-Jun)		<input type="checkbox"/> Medicine Hat <input type="checkbox"/> Brooks	
Surname (Please Print)	Full Given Names (no nicknames)	Previous Name (if applicable)	

Program of Study

Course Information					
Course Name & Number	Section Numbers				Comment
	Lecture	Lab	Tutorial	Practicum	
Time and Days					
Instructor Approval:					
Course Information					
Course Name & Number	Section Numbers				Comment
	Lecture	Lab	Tutorial	Practicum	
Time and Days					
Instructor Approval:					

Office Use Only:
Student financed by:
<input type="checkbox"/> Student Loan <input type="checkbox"/> Grant <input type="checkbox"/> Waiver <input type="checkbox"/> Waiver – Staff <input type="checkbox"/> Sponsored by: _____ <input type="checkbox"/> Other
Total Fees _____
Deposit _____
Balance due _____
Keyed by: _____
Date: _____

I certify that the above information is correct to the best of my knowledge. The personal information collected on this form and other personal information collected and maintained as part of a student record will be used for the purposes of admission, registration, issuing tax receipts, and for College research and planning. In signing this form, a student consents to disclosure of personal information to the Medicine Hat College Students' Association, to Statistics Canada as required by the Statistics Act (Canada) and to Alberta Advanced Education to meet reporting requirements and for statistical, funding, planning or research purposes. The personal information requested on this form is collected under the authority of the Post-secondary Learning Act and Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. The information collected will only be used for the purposes of delivery and administration of educational training and services. Questions concerning the collection, use or disposal of this information should be directed to the FOIP Coordinator, Medicine Hat College, 299 College Drive SE, Medicine Hat, AB, T1A3Y6, or 403-529-3800 or foip@mhc.ab.ca.

Students Signature : _____ Date: _____