



Year Long Registration Form

Please Print Clearly



Year _____	Campus Medicine Hat Brooks	MHC Student ID # _____
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PERSONAL INFORMATION

Last Name	First Name	Middle Name
Previous Name		Phone Number

CURRENT MAILING ADDRESS

Street or Box Number	
City or Town	
Province	Postal Code

CITIZENSHIP

Canadian Citizen	Permanent Resident	Visa Student
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Funded by: Student Loan Grant Part-time Bursary Scholarship Sponsored _____

PROGRAM OF STUDY

Program Name _____ Program Major _____

Certificate Diploma Applied Degree University Transfer

Year of Program First Year Second Year Third Year Fourth Year

COURSE SELECTION

SEMESTER	COURSE NAME & NUMBER	LECTURE	LAB	TUTORIAL	PRACTICUM	COMMENTS

I certify that the above information is correct to the best of my knowledge. The personal information collected on the 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 the 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. This information is collect under the authority of the Post Secondary Education Act that mandates the programs and services offered by Medicine Hat College and will be protected by the provisions of the Alberta's Freedom of Information and Protection of Privacy Act (FOIP). If you have any questions about the collection and use of this information please contact Medicine Hat College FOIP Coordinator, Medicine Hat College, 299 College Dr. SE, Medicine Hat, AB T1A 3Y6 or phone 403.529;3811 or 1.866.282.8394. For any registration issues please contact the Registrar's Office at 403.529;3811 or 1.866.282.8394.

Student Signature: _____ Date: _____

Advisor Signature _____ Date: _____

FOR OFFICE USE ONLY

Total Fees _____ Deposit _____ Balance Due _____ Keyed by _____ Date _____