

COURSE SELECTION FORM

- 4.0 **Semester:** Fall (Sep. to Dec.) Winter (Jan. to Apr.) Summer (May to Aug.; May to Jul.; or Jul. to Aug.)
 5.0 **Status** Degree Non-degree New transfer 30 Credit Certificate: VAC ____ Studio Certificate ____
 6.0 International student visa Exchange from _____
 7.0 Visiting from _____ Letter of Permission Required: Attached ____ Pending ____

1.0 Contact details

8.0 . LAST NAME	FIRST NAME	ID NUMBER
9.0 . STREET ADDRESS		
10.0 CITY	PROVINCE/STATE	POSTAL CODE
11.0 EMAIL	TELEPHONE	ALTERNATE TELEPHONE

2.0 First choice courses

CODE	SECTION	CREDITS	COURSE NAME	DAYS	TIMES	INSTRUCTOR NAME OR SIGNATURE

19.0 TOTAL CREDITS _____

2.1 Second choice courses

CODE	SECTION	CREDITS	COURSE NAME	DAYS	TIMES	INSTRUCTOR NAME OR SIGNATURE

3.0 Declaration

I acknowledge that I have read and agree to the registration procedures and regulations announced with the Timetable to which this course selection relates.

20.0 SIGNATURE _____ DATE _____

PAYMENT: July 15: Payment for all outstanding debts to hold Fall/Winter course selection must be received in order to **hold Fall/Winter course registration**. All financial transactions must be made in the Office of Finance and Administration, 4th floor, Granville Campus. Payments may be submitted by telephone at 902 494 8222, toll free at 1 888 444 5989 or by fax at 902 425 3240.
PREREQUISITES: It is the student's responsibility to check and ensure that all prerequisites are being met.