

## **Student Registration Form**

This form is used for registering into courses et the beginning of each semester and also for adding or dropping a course once a semester is underway. (Check the Policy & Procedures Manual for refund policies)

Date (YY/MM/DD)
Student Number

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Last Name								Campus					
First Name	;							Program					
Address D	uring School							Community					
								Sponsorship Applied for (attach proof):					
Phone Nur	mber	Email						FANS \$		Other (specify): \$			
INSTRU	CTIONS						·						
	t A or D to Add or D t one of the four ser I W=Winter F	-	for t	he		ndar Year mmer		* From the (3) six digit (4) Name o		ecord the fol	llowing:		
(1)	(2)	(3)					(4)			College Use Only			
Add/ Drop	Cou Semester Num							Course Name			Tuition Fee (\$)	Book Fee (\$)	
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NAC may share student information with Alberta Distance Learning Centre, the Department of Education and appropriate post-secondary institutions. This may include student numbers, demographic data and course information such as marks. NAC may request and receive similar information from these partners. This information may be used to access students including prior learning recognition and credit transfer and to verify performance in the program. This information may be retained by Nunavut Arctic College and the Department of Education and will be covered by the Access to information and Protection of Privacy Act.								College l	·	Revenue Type: ()SU ()ST ()CN			
							Unit	Account	Project	Financial Summary			
										Tuition "A"	\$		
										Books "B" \$			
										GST on			
I agree with the course selection and the costs stated on this Registration Form. I am aware that Policy C.01 states that I cannot register in subsequent terms until such time										Room & Board	\$		
	ount with Nunavut A									Other	\$		
Student's Signature								Student Acct Required () YES () NO			TOTAL \$		
								Date Entry SRS by:					
Programs Cinnature								rified By:					
Program S	ognature												
Finance Signature								's Signature					