

Program Application Form

RO 428 2012/12

Use this form to apply for Continuing Education and Corporate Training Programs. Do not use this form to register for individual courses.

Program Transfer with Advanced Standing Currently enrolled in a Program and wish to transfer to a semester beyond semester one of another program (includes co-op) **Readmission with Advanced Standing** Formerly enrolled in a Program and wish to be admitted to a program beyond semester one

Note: If you need help to complete this form, please call the Information Centre at 519-748-5220, ext. 3656.

Processing Fee A \$30 fee is charged for processing this information and is valid for one academic year. Form to be submitted to the Registrar's Office. This item is not taxable.

Processing ree A \$50 fee is charged for processing this inf	formation and is valid for one academic year. Form	to be submitted to the Registral's Office. This item is not taxable	
☐ Mr ☐ Mrs ☐ Ms	OEN#	Student #	
Last Name	First Name	Second Name	
Previous Last Name		Date of Birth (Y/M/D)	
Apt. #, Street # and Name		City	
Province or Country	Postal Code	Tel. No	
Alternate Tel. No.	Email	Fax No	
Have you attended a program or course at Conestoga? \Box	Yes 🗆 No 💢 Full-time 🗖 Part-time		
Program Attended		Years Attended	
$lue{}$ Canadian Citizen $lue{}$ Permanent Resident (attach docu	ımentation) 🗖 Student Visa (attach documentati	on) OR Country of Citizenship	
$\hfill \square$ I have attached proof of the Admission Requirements	for the program(s) listed below.		
Admission requirements are listed in College publications,	, or call the Information Centre 519-748-5220, ext.	3656	
1. Program Name		Program Number	
Semester or Level Campus	Start Date*	Full-time 🗖 Part-time 🗖 Co-op 🗖 Non Co-op 🗍	
2. Program Name		Program Number	
Semester or Level Campus	Start Date*	Full-time 🗖 Part-time 🗖 Co-op 🗖 Non Co-op 🗍	
3. Program Name		Program Number	
Semester or Level Campus	Start Date*	Full-time 🗖 Part-time 🗖 Co-op 🗖 Non Co-op 🕻	
* If the requested start date is not available, applicant ma	y be considered for the next available start date.		
METHOD OF PAYMENT		Send to:	
Total fee payable \$ Without payment, this application cannot be processed.		Conestoga College, Student Records Office	
☐ Cash (in person only) ☐ Debit Card		299 Doon Valley Dr., Kitchener, Ontario N2G 4M4	
\square Cheque or \square Money Order (payable to Conestoga College, we do not accept post-dated cheques)		Fax 519-895-1097 Tel. 519-748-5220	
□ VISA □ MasterCard □ American Express Cradit Card Information (Cradit card will not be billed unit	til registration assented	TTY: 866-463-4454 (for the hearing impaired)	
Credit Card Information (Credit card will not be billed until registration accepted) Credit Card Expiry Date Month Year		Freedom of Information The personal information	
		collected on this form is used for administrative purposes	
Credit Card Number		of the Registrar's Office under the authority of the Ontario	
Cardholder's Name First Name	Surname	Colleges of Applied Arts and Technology Act, R.S.O. 2002, and regulations thereunder. Personal information will be	
Cardifolder 3 Name		protected in accordance with the Freedom of Information	
Cardholder's Signature		and Protection of Privacy Act (FIPPA).	
I certify that the above information is true and complete.	I understand that any false or incomplete informat	ion submitted in support of my application may invalidate my	
application. I have read the Freedom of Information and P	,	, , , , , , , , , , , , , , , , , , , ,	
Signature of Applicant		Date	
Office Use Only Date			
neceipe ind.	CICIN IIIIIIII		