

CONTINUING EDUCATION REGISTRATION

Confirm your registration online at my.centennialcollege.ca.

Online – centennialcollege.ca/webreg

Visit our website to register online: centennialcollege.ca/webreg/. It's the fastest and easiest way to choose your courses.

By Phone – 416-289-5300

Mon.-Fri., 9 am-4:30 pm. Identify your selected course by name, number, semester and section. Have alternate courses ready, in case your chosen one is unavailable. Give your student number if you were previously registered. Give your name, mailing address, phone and e-mail. Give your credit card number and expiration date.

In Person

You may register at any campus Enrolment Services office (regardless of where your course is offered).

For office hours or detailed campus directions, visit our website: centennialcollege.ca/future/ss_enrol.jsp or call 416-289-5300

By Fax – 416-289-5279

Complete the registration form. Fax at least 14 days before your course starts to: Enrolment Services, Centennial College.

By Mail – Enrolment Services, Centennial College, P.O. Box 631, Station A, Toronto, ON M1K 5E9

Complete the registration form. Mail the form, plus your fee payment (by credit card, money order or certified cheque) at least 14 days before the start of your course. Please do not send cash by mail.

Name: _____
Last First Middle

Home Address: _____

City: _____ Province: _____ Postal Code: _____

E-mail: _____ Date of Birth: _____
Month Day Year

Centennial Student ID Number: ____|____|____| - ____|____|____| - ____|____|____| SIN Number: ____|____|____| - ____|____|____| - ____|____|____|
Optional

Home Telephone: _____ Daytime Telephone: _____ Fax Number: _____

Working towards a Centennial College Certificate or Diploma Program? No Yes (If yes, please specify the program name and code)

Program name: _____ Program Code: ____|____|____|____|

COURSE NAME	COURSE NUMBER	SECTION NUMBER	BANNER NUMBER	FEE	SEMESTER (FALL, WINTER OR SPRING)

METHOD OF PAYMENT

- Certified cheque or money order enclosed for total shown
 I hereby authorize use of my credit card MasterCard VISA American Express

Card Number: _____ Expiry Date: _____

Name as it appears on card: _____

Signature of cardholder: _____ Date: _____

FREEDOM OF INFORMATION AND PROTECTION OF INDIVIDUAL PRIVACY STATEMENT

The information on this form is collected under the legal authority of the Ministry of Colleges and Universities Act, R.S.O. 1980, Chapter 272, S.5; R.R.O. 1980, Regulation 640. The information is used for administration and statistical purposes of the College and/or the Ministries and Agencies of the Government of Ontario and the Government of Canada. Credit card data is used only for fee payment and is not provided to any other agency. By signing this application I acknowledge that the information provided is accurate and complete. Any inquiries about this authorization may be directed to the Registrar, Centennial College.

SIGNATURE OF APPLICANT

DATE