

REGISTRATION FORM

The information in **Student information** section are mandatory prerequisites for Cégep à distance to process your registration. This information remains confidential and will only be used for the purpose of evaluating your application.

- With *commandite* Without *commandite*

STUDENT INFORMATION

Permanent Code: _____ Date of birth (yyyy/mm/dd): _____

Last name: _____ First name: _____

Gender (on your official documents): M F Nonbinary

Street number: _____ Street name: _____

Apartment: _____ City: _____

Province: _____ Zip code: _____ Country: _____

P.O. box: _____ Postal station: _____

Telephone: _____ Telephone: _____

E-mail: _____

STUDENT SITUATION

Will you be registered at another institution during the semester you are applying for at Cégep à distance?

- Yes Secondary
 College Full-time Part-time

Name of college: _____

Program name: _____

- University Full-time Part-time

- No

SEMESTER AND PROGRAM

I wish to register for the following semester: Fall Winter Summer

Desired programme (or current college program)

- DCS / DEC (program name): _____
- ACS / AEC (program name): _____
- University prerequisite
- Independent studies

COURSE CHOICE

Course number	Option	Title of course	Course fees *
____ - ____ - ____	____	_____	_____, ____ \$
____ - ____ - ____	____	_____	_____, ____ \$
____ - ____ - ____	____	_____	_____, ____ \$
____ - ____ - ____	____	_____	_____, ____ \$
		Application Fee (if applicable)	_____, ____ \$
		Other fees	_____, ____ \$
		Shipping costs	_____, ____ \$
		AGECR	_____, ____ \$
		Foundation donation (optional)	_____, ____ \$
		Total**	_____, ____ \$

* Please note that course material fees **CANNOT** be reimbursed for any reason.

**To find out about our fees, please visit the *Fees* page of our website and our *Course selection guide*.

Payment must be made online by Mastercard or Visa credit card.

SIGNATURE

Student's signature is mandatory.

Handwritten signature: _____

Date: _____

All incomplete applications will be returned

Your request must be submitted by e-mail at the following address: infoscol@cegepadistance.ca