

Registration Form

For the Open Learning program



Office of
OPEN LEARNING
 Your Learning Connection

Note: If you are in a degree program at the University of Guelph, please DO NOT use this form.

Please complete and return to:

Office of Open Learning
 University of Guelph
 Room 160 Johnston Hall
 Guelph, Ontario, CANADA N1G 2W1
 Phone: 519-824-4120, ext. 56050 or Fax: 519-824 -1112

Request for:

- Summer Semester 2011
- Fall Semester 2011
- Winter Semester 2012

GENERAL INFORMATION

Mr. Mrs. Ms. Miss Other: _____ Citizen of What Country or Landed Immigrant? _____

Surname _____ Give Names (underline name commonly used) _____

Mailing Address: Number & Street _____ Apt.# _____

City _____ Province/State _____ Country _____ Postal/Zip Code _____

Home Phone: () _____ Business Phone: () _____ Ext. _____

Fax Number: () _____ E-mail: _____

Are you currently employed? Yes, Full-time Yes, Part-time No

Employer: _____ Title/Position _____

COURSE INFORMATION: Please list the course(s) for which you are registering this semester only:

Course/Number Prefix	Course Title	Fee
Total Amount Enclosed		\$

2011 – 2012 degree credit Distance Education Tuition Fee Schedule, (effective May 1, 2011), is available from the Office of Open Learning.

PREREQUISITE INFORMATION If the courses have prerequisites, please provide information about where you completed these courses, (course name, institution where course was completed)

ACADEMIC INFORMATION

Secondary school (last attended) information:

From Year	To Year	Name & Location of Last Secondary School Attended	Last Grade Completed (Please Circle one)	Diploma/Degree Received
			9 10 11 12 OAC	

Please list all post-secondary educational institutions attended:

From Year	To Year	Name & Location of Institution	Program	Last Year/ Level Completed	Diploma/Degree Received
				1 2 3 4 Grad	
				1 2 3 4 Grad	

Were you required to withdraw from any of the above institutions? Yes No

Are you currently eligible to continue at all the above institutions? Yes No

Are you currently enrolled full-time at a post-secondary institution? Yes No

If yes, what is the name and location of the institution? _____

Are you enrolling with a Letter of Permission from another university? Yes No

If Yes, what is your student identification number at that institution? _____

Have you ever been enrolled at University of Guelph as a degree program student? Yes No

If Yes, what was your University number? _____

Have you ever been enrolled at University of Guelph as an Open Learning program student? Yes No

If yes what is your Open Learning program student number? _____

If you wish to take this course as a **Continuing Education** student rather than for degree credit, you must contact the Office of Open Learning.

PAYMENT INFORMATION

Payment: Cheque / Money Order Enclosed Cash/Debit Visa Master Card American Express
(Payable to the University of Guelph)

Card Number : _____	Expiry Date: _____
Cardholder's Name: _____ <i>(please print)</i>	Signature: _____

Registrant's Signature: _____	Date: _____
<p><i>I hereby certify that the above information is correct and complete. I understand that any misrepresentation of information may result in the cancellation of my registration or expulsion from the Open Learning program.</i></p>	

<p>PLEASE TELL US WHERE YOU LEARNED ABOUT THE OPEN LEARNING PROGRAM</p> <p><input type="checkbox"/> Office of Open Learning Website <input type="checkbox"/> Internet Search <input type="checkbox"/> Distance Education Catalogue <input type="checkbox"/> Registrar's Office/Program Counsellor</p> <p><input type="checkbox"/> A friend/colleague: _____ <input type="checkbox"/> Newspaper/Magazine: _____ <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Direct mail: _____ <input type="checkbox"/> Other: _____</p>	
<p>PLEASE TELL US YOU ARE INTERESTED IN TAKING COURSES THROUGH THE OPEN LEARNING PROGRAM</p> <p><input type="checkbox"/> Personal interest <input type="checkbox"/> Professional Development <input type="checkbox"/> Admission/Readmission to the University of Guelph</p> <p><input type="checkbox"/> Letter of Permission <input type="checkbox"/> Admission to a Graduate program <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Certificate (which Certificate program?) _____</p>	