

ONLINE COURSE REGISTRATION

The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under the Act. Information is collected for the purpose of providing you with the information you request. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator (5707 College Drive, Vermilion AB; 780-853-8524; FOIP@lakelandcollege.ca).

PERSONAL INFORMATION Please print clearly.

Middle name and date of birth are required for accurate records management. Applications missing this information will be rejected.

Please indicate: Male Female

Surname

First Name

Middle Name

Maiden / Former Name (if applicable)

Date of Birth (mm/dd/yyyy)

Student ID#

Mailing Address

Town / City

Province

Postal Code

Email

Contact Number

COURSE INFORMATION Please print clearly.

All courses start on the 1st day of every month.

Course Name

Course ID#

Preferred Start Month

Preferred Examination Date

PROCTOR INFORMATION Please print clearly. Refer to the requirements listed on the OFC website.

Surname

First Name

Middle Name

Shipping Address

Town / City

Province

Postal Code

Email

Contact Number

INVOICE INFORMATION <small>Please print clearly.</small>		
Purchase Order Number	Contact Name	
Mailing Address	Contact Number	
Town / City	Province	Postal Code

PAYMENT INFORMATION <small>Please print clearly.</small>																
Please choose one of following:	<input type="checkbox"/> <i>Please issue a receipt</i>															
<input type="checkbox"/> Cheque/Money Order	Payable to Lakeland College. Please include payment with your application.															
<input type="checkbox"/> Credit Card Number																
<table border="1" style="width:100%; height:30px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>																
Expiration Date (month / year)	3-digit Security Code															
Name of Cardholder	Cardholder's Email															

EMAIL OR FAX APPLICATION TO:
Lakeland College
5707 College Drive
Vermilion, AB T9X 1K5
Fax: 1 780 853 8594
onlinelearningetc@lakelandcollege.ca

QUESTIONS?
Phone: 1 800 661 6490
Website: www.lc-etc.ca

OFFICE USE ONLY	
Approved By	Date