

COURSE REGISTRATION FORM 2020-21

TERM: one semester only please. * Please see website for information on available bursaries *

_____ Fall (Sept.) _____ Winter (Jan.) _____ Intersession (May) _____ Summer (July)

Name _____ Student I.D. # _____ Address: _____ City _____ Province _____ Postal Code _____	Telephone Home () _____ Work () _____ Fax () _____ Email _____
--	--

PROGRAM: M.Th. _____ C.Th. _____ M.Div. _____ M.R.E. _____ M.T.S. _____ G.C.C.S.A. _____ B.Th. _____ B.A. _____ Dip.Th. _____ (CATH) _____	STATUS: (check more than one if applicable) New Student _____ Senior (65+) _____ Full Time _____ Auditor _____ Part Time _____ Visiting _____ Unclassified _____ Cont. Reg. _____
--	--

Course <small>(course codes and fees can be found online at www.newman.edu)</small>	Credit	Audit	Senior	Tuition Fees	Course	Credit	Audit	Senior	Tuition Fees
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Payment by Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex Card number: _____/_____/_____/_____ Expiry date: ____/____ CVV: _____ Name on credit card: _____ *Please note that a minimum 10% tuition and fees course hold deposit will be charged immediately to the credit card noted above.* Please check box if you wish the remaining balance of tuition to be charged only on first day of classes <input type="checkbox"/>	Student Assoc. Fee FT: \$50 PT: \$30 Admin. Fee \$60 Library Fee \$15 per course Total Fees Owing
Additional Instructions: _____	

Newman Theological College (NTC) collects students' personal information to maintain records in processing your enrolment, monitoring academic progress, providing tax receipts, distributing follow-up College-related information, College research, program assessment, awards, graduation, and fundraising/alumni contact. In signing this form, an individual consents to the use of their personal information for these purposes by NTC or disclosure to third parties for operational purposes that are consistent with the mission of NTC or as required by the Statistics Act (Canada) or by the government of Alberta. This information is collected under the authority of the *Freedom of Information and Protection of Privacy Act* section 33(c). If you have any questions about the collection of your personal information, please contact the Privacy Officer, Dr. Jason West, at 10012-84 Street NW, Edmonton, AB T6A 0B2 or by telephone at (780) 392-2450. I agree to be governed by the policies, rules and regulations as set forth by NTC. I acknowledge that I have read the NTC Privacy Policy located at <https://www.newman.edu/NTCPrivacyPolicy> and hereby consent to the collection, use and disclosure by NTC, The Foundation of SJS and NTC, and the Archdiocese of Edmonton and its agents of my personal information (whether previously collected or to be collected) for the purposes identified in the NTC Privacy Policy.

Signature: _____ Date: _____