



PERSONAL DATA			
COTR Student #	Legal Last Name	Legal First Name	Legal Middle Name
Telephone Number(s) Home: _____ _____	Permanent Home Address Street # and Name, Apt. #, PO Box, RR/SS, Site, Comp		
Date of Birth: (yyyy/mm/dd)	City/Town	Province	Postal Code
Gender:	Email Address:		
Citizenship: _____ _____	Voluntary Declaration: Are you of Aboriginal Ancestry? _____		
Country of Citizenship	Ethnicity: _____ Race: _____		
COURSE REGISTRATION			
Course Fee: \$649.00			
Payment Method:	Sponsorship (Funding letter or PO # must be attached)		Note: All Fees are payable in CDN\$
	Individual Payment _____		
	_____ Expiry Date: _____		
Card Holder's Name: _____			
Card Holder's Signature: _____ Date: _____			
DECLARATION			
<p>Freedom of Information/Protection of Privacy: The College of the Rockies complies with the Freedom of Information/Protection of Privacy legislation of the Province of British Columbia. Information collected on application/registration form is used in the normal course of College operations in accordance with this legislation.</p> <p>Please read the following before signing: I declare that the information contained in this application is to the best of my knowledge, complete and correct. I hereby agree to comply with the rules and regulations of the College.</p> <p>I understand and agree that the College reserves the right to modify or cancel any program or course without notice or prejudice.</p>			
_____		_____	
Signature of Applicant		Date	