

# 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>	

<b>PLEASE TELL US WHERE YOU LEARNED ABOUT THE OPEN LEARNING PROGRAM</b>	
<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 <input type="checkbox"/> A friend/colleague: _____ <input type="checkbox"/> Newspaper/Magazine: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Direct mail: _____ <input type="checkbox"/> Other: _____	
<b>PLEASE TELL US YOU ARE INTERESTED IN TAKING COURSES THROUGH THE OPEN LEARNING PROGRAM</b>	
<input type="checkbox"/> Personal interest <input type="checkbox"/> Professional Development <input type="checkbox"/> Admission/Readmission to the University of Guelph <input type="checkbox"/> Letter of Permission <input type="checkbox"/> Admission to a Graduate program <input type="checkbox"/> Other _____ <input type="checkbox"/> Certificate (which Certificate program?) _____	