



**VANGUARD**  
C O L L E G E  
**ALUMNI REGISTRATION FORM**

Student Name (First Middle Last):		ID # (if known):	Previous Last Name (if applicable):	
Current Mailing Address (Street, City, Province, Postal Code):			Date of Birth (mm/dd/yyyy):	
			Years Attended Vanguard College: _____ to _____	
Phone Number:		Email Address:		
Marital Status:		Spouse's Name:		
Applicant's Signature:			Date:	
<b>COURSE REQUESTED</b>				
<i>Please indicate which course you are requesting</i>				
<input type="checkbox"/>	On Campus Course (Free Audit)	Name of Course:		
<input type="checkbox"/>	IBOLT Course (25% Discount)	Name of Course:		
<b>FOR IBOLT COURSE ONLY</b>				
<i>Please indicate your preferred means of payment</i>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cash</b>	<b>Debit</b>	<b>Cheque</b> (payable to Vanguard College)	<b>Money Order</b>	<b>Visa/MasterCard</b>
Credit Card Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Card Holder's Name	<input type="text"/>	Expiry Date:	<input type="text"/> / <input type="text"/>	Security Code <input type="text"/>

<b>FOR OFFICE USE ONLY</b>	
<b>REVIEWED BY ACADEMIC DEPARTMENT</b>	
<input type="checkbox"/> Has graduated with a diploma/degree	
<input type="checkbox"/> Has graduated with a Certificate	
<input type="checkbox"/> Is not currently enrolled in a Program of Study	
<input type="checkbox"/> Has not yet audited a course this academic year	
<input type="checkbox"/> Has not yet received a 25% discount off an IBOLT course this academic year	
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<input type="checkbox"/> Student Registered [OR]	
<input type="checkbox"/> IBOLT Form included	
Signature of CAO/Registrar: _____ Date: _____	
<b>PROCESSED BY FINANCE DEPARTMENT</b>	
Payment Transaction: _____ Alumni Discount Transaction: _____	
Processed By: _____ Date: _____	
<b>PROCESSED BY ACADEMIC DEPARTMENT</b>	
<input type="checkbox"/> Student Informed	
Signature of: _____ Date: _____	