



OPEN STUDIES STUDENT REGISTRATION FORM

- ** Students may take a maximum of two courses at a time up to **five** courses before they are required to apply and be enrolled in a program.
- ** Students taking TESOL Level 1 are eligible to register for all spring courses with an *Open Studies Student* form.
- ** IBOLT courses cannot be audited.

Student Name (First Middle Last) :		ID # (if known):	
Current Mailing Address (Street, City, Province, Postal Code):		Date of Birth (mm/dd/yyyy):	
Phone Number:	Email Address:		
Marital Status:	Spouse's Name:		
Applicant's Signature:		Date:	
COURSE(S) REQUESTED			
<i>Please indicate which course(s) you are requesting</i>			
		<input type="checkbox"/> For Credit <b style="text-align: center;">OR <input type="checkbox"/> For Audit <input type="checkbox"/> Undergraduate Studies <b style="text-align: center;">OR <input type="checkbox"/> Graduate Studies	
I would like to take the above course(s):		<input type="checkbox"/> On Campus <input type="checkbox"/> IBOLT (Online/Distance Ed) Please provide IBOLT course start date: _____ <div style="text-align: right; font-size: small;">(1st or 15th of any month)</div>	
PAYMENT REQUIRED			
<i>Please indicate how you will be paying</i>			
<input type="checkbox"/> Cash/Debit <input type="checkbox"/> Cheque (<i>payable to Vanguard College</i>) <input type="checkbox"/> Money Order <input type="checkbox"/> Visa/MasterCard			
Credit Card Number:	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
Card Holder's Name	<input style="width: 100%; border: 1px solid black;" type="text"/>	Expiry Date:	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
Security Code <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>			

FOR OFFICE USE ONLY

REGISTERED BY ACADEMIC DEPARTMENT
 Signature of Registrar: _____ Date: _____
 Welcome/Orientation Email Sent (On Campus Only) Processed By: _____ Date: _____
 IBOLT Form submitted to Finance (IBOLT Courses only)

PROCESSED BY FINANCE DEPARTMENT
 Deposit Date: _____ Invoice #: _____ Payment Transaction: _____
 Processed By: _____ Date: _____

PROCESSED BY ACADEMIC DEPARTMENT
 Syllabus Sent (On Campus Only) Processed By: _____ Date: _____