School College Work Initiative ç Dual Credit Courses

Registration Form

443 Northern Avenue, Sault Ste. Marie, ON P6B 4J3

OFFICE OF THE REGISTRAR

Please check Male Female Another Gender Identity

Sault College
Student Number: _____ For Office Use Only
enter Sault College number if you have one from a previous course

Last Name		First Name	
Address		Apt #	
City/Prov		Postal Code	

Telephone#:_____ Alternate Phone#: _____

Email Address: _____

Birthdate (YYYY/MM/DD): _____

Course Name: _____

Course Code	Section Number	Semester		
		22F	23W	23S

Conditions of Registration

1. Tuition fees will be paid in full by the SCWI Program.
2. Registrants must be in either grade 11 or 12.
3. Supplies and books provided by SCWI are to be returned upon withdrawal or completion of the dual credit project as per the SCWI Supplies/Books Return Policy.

Freedom of Information and protection of Individual Privacy The information on this form is collected under the legal authorization of the Ministry of Colleges and Universities Act. R.S.O. 1990. c.M.19.S.5; R.R.O. 1990, Reg. 770. The information is used for the administration and statistical purposes of the College and or Ministries and Agencies of the Government of Ontario and the Government of Canada. For further information, please contact the Registrar, 443 Northern Ave., Sault Ste. Marie, ON (705) 759-6700.

I have read the above statements and I hereby authorize the release of all records related to my registration, attendance, and academic progress in dual credit courses to the aforementioned and, as requested, to the Dual Credit Teacher(s) assigned by my school board.

	I approve my photograph and/or testimonial being used for promotional and/or publicity purposes by the college and/or SCWI.
	I DO NOT approve my photograph and/or testimonial being used for promotional and/or publicity purposes by the college and/or SCWI.

Student Signature Date

Parent/Guardian Signature Date

Dean's Signature Date