

3 EASY WAYS TO REGISTER



Online

<http://ce.sheridancollege.ca>
Pay by Visa or MasterCard



In Person

Refer to the Insert in the Con Ed Calendar or <http://ce.sheridancollege.ca> for locations & hours of registration centres
Pay by cash, Interac or money order/certified cheque



Mail

Include FULL payment (money order or certified cheque payable to Sheridan College)

Print Course Name & Class Number on back of money order/certified cheque

Mail completed registration form to:

Sheridan College
Office of the Registrar
407 Iroquois Shore Road
Oakville, ON L6H 1M3



Sheridan CONTINUING EDUCATION

Leaders in Lifelong Learning™

REGISTER EARLY!

Some courses are cancelled because we didn't know you wanted them. Register at least six (6) working days before the start of your course to avoid disappointment.

COURSE FEE MUST BE PAID IN FULL AT TIME OF REGISTRATION.

REGISTRATION FORM

SECTION ONE Personal Information:

- Have you previously registered for a course/program/seminar/workshop at Sheridan? Yes No
- If your address/surname changed since the last time you registered at Sheridan, please provide your former address/surname: _____
- Special Fee Status: (SR) Senior (STAFF) Eligible Sheridan Employee

<input type="checkbox"/>	<input type="checkbox"/>	- -	
Male	Female	Student Number	Date of Birth (MM / DD / YYYY)
First Name		Middle Name (Initial Only)	Surname
Apt. #	Street Address		City
Postal Code	Prov	Home Phone Number	Business Phone Number Extension

Email (other than Sheridan account) _____ If you are under 19 years of age do you have an Ontario Grade 12 Diploma or equivalent? Yes No

SECTION TWO Course Information—Use this section to register for up to two courses:

Term:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Fall	Winter	Spring/Summer	
CLS #	Course Code	Campus Location	Start Date (MM/DD)	Course Fee
Course Title				
Term:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Fall	Winter	Spring/Summer	
CLS #	Course Code	Campus Location	Start Date (MM/DD)	Course Fee
Course Title				
Student Signature*	Date			Total Fees

*I have read and understood the registration, withdrawal and academic requirements as indicated in the Continuing Education Calendar and/or website and am responsible for knowing and understanding all other Sheridan policies related to my academic study. These policies can be found on <http://policies.sheridancollege.ca>

Information on this form is being collected for administrative and statistical purposes and is collected under s. 2 of the Ontario Colleges of Applied Arts and Technology Act, 2002. Questions about this collection may be directed to The Registrar at info@sheridan@sheridanc.on.ca or Sheridan College, 1430 Trafalgar Road, Oakville, ON L6H 2L1.