



CORPUS CHRISTI COLLEGE

THE CATHOLIC LIBERAL ARTS COLLEGE IN VANCOUVER, BRITISH COLUMBIA

5935 IONA DRIVE VANCOUVER, BC V6T 1J7, CANADA

PHONE 604.822.4463 * FAX 604.822.4659

COURSE REGISTRATION FORM FOR VISITING STUDENTS

Student Name: _____

Semester: Fall Winter Spring Summer Academic Year: _____

Address: _____

Postal Code: _____

Home Telephone: () _____ Cell: () _____ E-mail: _____

Course Code & Number	Course Title	Course Start Date (mm/dd/yy)	Credit or Audit	Number of Credit/Audit Hours
e.g. THEO 526	Christianity and World Religions	Jan. 19, 2012	Credit	3
Note:		Total Number of Credit/Audit Hours Registered		Credit: _____ Audit: _____

ASSESSMENT OF FEES (for office use only)		MODE OF PAYMENT
Tuition/Program Fee	()	<input type="checkbox"/> CHEQUE Details: Bank: _____ Cheque Number: _____ <input type="checkbox"/> CREDIT CARD Details: __ Visa __ Master Card __ American Express Others: _____ Card Number: _____ Expiration Date: _____
Scholarship/bursary: _____		
Registration Fee		
Library/Technology Fee		
Book/s		
Others: _____		
TOTAL AMOUNT DUE:	\$	
Note:		
Fees entered to Portal by: _____ on _____		
Fees entered to QB by: _____ on _____		

Student's signature: _____ Date: _____

Enrolment confirmed by: _____ Date: _____