

Registration Form

Certificate in Scottish Studies



Office of
OPEN LEARNING
Your Learning Connection

Note: If you are in a degree program at the University of Guelph, please DO NOT use this form.

Please complete and return to:

Office of Open Learning
University of Guelph
Room 160 Johnston Hall
Guelph, Ontario, CANADA N1G 2W1
Phone: 519-824-4120, ext. 56050 or Fax: 519-824 -1112

**Request for:
" Summer Semester 2010**

Ø GENERAL INFORMATION

" Mr. " Mrs. " Ms. " Miss " Other: _____ Citizen of What Country or Landed Immigrant? _____

Surname _____ Give Names (*underline name commonly used*) _____

Mailing Address: Number & Street _____ Apt.# _____

City _____ Province/State _____ Country _____ Postal/Zip Code _____

Home Phone: () _____ Business Phone: () _____ Ext. _____

Fax Number: () _____ E-mail: _____

PLEASE TELL US WHERE YOU LEARNED ABOUT THE OPEN LEARNING PROGRAM:

" Office of Open Learning Website " Internet Search " Distance Education Catalogue " Registrar's Office/Program Counsellor
" A friend/colleague: _____ " Newspaper/Magazine: _____ " Other: _____
" Direct mail: _____ " Other: _____

Are you currently employed? " Yes, Full-time " Yes, Part-time " No

Employer: _____ Title/Position _____

Û COURSE INFORMATION Please list the course(s) for which you are registering this semester only:

Course/Number Prefix	Course Title	Fee
Total Amount Enclosed		\$

Cohort	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011
Domestic	\$585.00	\$586.00	\$589.00	\$591.00	\$594.00	\$596.00
International	\$1049.50	\$1448.00	\$1558.00	\$1625.00	\$1694.00	\$1767.00
Graduate	\$1457.00	\$1463.00	\$1517.00	\$1572.00	\$1579.00	\$1579.00
Graduate International	\$1958.00	\$2847.00	\$3069.00	\$3308.00	\$3567.00	\$3706.00
Food Science Domestic	\$695.00	\$695.00	\$695.00	\$695.00	\$695.00	\$695.00
Food Science International	\$1049.50	\$1448.00	\$1558.00	\$1625.00	\$1694.00	\$1767.00
HTM Courses Domestic	\$795.00	\$795.00	\$795.00	\$795.00	\$795.00	\$795.00
HTM Courses International	\$1049.50	\$1448.00	\$1558.00	\$1625.00	\$1694.00	\$1767.00

Fees Subject To Change

U BACKGROUND INFORMATION

Please provide information about completion of any prerequisites (course name, institution, where taken, etc.) or if you do not have the prerequisite, what knowledge/skills/experience do you have in the area(s) related to these course(s)?

Secondary school (last attended) information:

From Year	To Year	Name & Location of Last Secondary School Attended	Last Grade Completed (Please Circle one)	Diploma/Degree Received
			9 10 11 12 OAC	

Please list all post-secondary educational institutions attended:

From Year	To Year	Name & Location of Institution	Program	Last Year/ Level Completed	Diploma/Degree Received
				1 2 3 4 Grad	
				1 2 3 4 Grad	

Were you required to withdraw from any of the above institutions? Yes " No

Are you currently eligible to continue at all the above institutions? Yes No

Are you currently enrolled full-time at a post-secondary institution?
If yes, what is the name and location of the institution? _____

Are you enrolling with a Letter of Permission from another university? Yes No
If Yes, what is your student identification number at that institution? _____

Have you ever been enrolled at University of Guelph as a degree program student? Yes No
If Yes, what was your University number? _____

Have you ever been enrolled at University of Guelph as an Open Learning program student? Yes No
If yes what is your Open Learning program student number? _____

Why are you interested in taking a course through the Open Learning program?

" Personal interest " Professional Development " Admission/Readmission to the University of Guelph
" Letter of Permission " Admission to a Graduate program " Other _____
" Certificate (which Certificate program?) _____

If you wish to take this course as a **Continuing Education** student rather than for degree credit, you must contact the Office of Open Learning.

U PAYMENT INFORMATION

Payment: **9** Cheque / Money Order Enclosed **9** Visa **9** Master Card **9** American Express
(Payable to the University of Guelph)

Card Number : _____	Expiry Date: _____
Cardholder's Name: _____ (please print)	Signature: _____

Registrant's Signature: _____	Date: _____
I hereby certify that the above information is correct and complete. I understand that any misrepresentation of information may result in the cancellation of my registration or expulsion from the Open Learning program.	