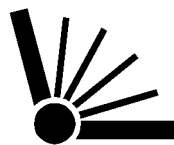


Registration Form

For the 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:

- Fall Semester 2009
 Winter Semester 2010

1 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 _____

2 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
Domestic	\$560.00	\$562.00	\$564.00	\$566.00	\$569.00
International	\$1044.50	\$1443.00	\$1553.00	\$1620.00	\$1689.00
Graduate	\$1412.00	\$1418.00	\$1470.00	\$1523.00	\$1530.00
Graduate International	\$1953.00	\$2842.00	\$3064.00	\$3303.00	\$3562.00
Food Science Domestic	\$695.00	\$695.00	\$695.00	\$695.00	\$695.00
Food Science International	\$1044.50	\$1443.00	\$1553.00	\$1620.00	\$1589.00
HTM Courses Domestic	\$795.00	\$795.00	\$795.00	\$795.00	\$795.00
HTM Courses International	\$1044.50	\$1443.00	\$1553.00	\$1620.00	\$1589.00

Fees Subject To Change

3 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?
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?
If Yes, what was your University number? _____

Have you ever been enrolled at University of Guelph as an Open Learning program student?
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.

4 PAYMENT INFORMATION

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

Card Number : _____	Expiry Date: _____
Cardholder's Name: _____ <i>(please print)</i>	Signature: _____

Registrant's Signature: _____	Date: _____
<p><i>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.</i></p>	