

Registrar's Office

3000 College Dr. South Lethbridge, AB T1K 1L6 Phone: 403-320-3323 Fax: 1-888-819-9803

NON-CREDIT REGISTRATION FORM

Phone: 403-320-3323
Fax: 1-888-819-9803
registration@lethbridgecollege.ca

Student Number	Birth date (YYYY-MM-DD)	All items must be completed in full	
Last or Family Name			
First Name (no nickname)	Middle Name (no nickname)		
Former Last Name (if applicable)			
Address			
City/Town	Prov	Postal Code	
Telephone (Residence)	Telephone (Business)		
E-mail Address:		Gender: Male Female Othe	r
Course Code Number	Course Name	Start Date (YY/MM/DD) Course Fee	
			_
Payment Method:			_
Visa Card Number:	Expiry	Date:	
MasterCard	CVV:		
Name and Address of Cardhold	er:		
Signature of Cardholder:			
Cheque or Money Order (attach to fo	m)		
Purchase Order (attach a letter of aut	orization to invoice; or an authorized purchase order)		
NOTE: Registered students are ultima	ely responsible for payment in the event the letter of au	uthorization is not honored.	
Student Signature	Today's D	Date	

Freedom of Information and Protection of Privacy

Your personal information is being collected under the authority of subsection 33(c) of Alberta's Freedom of Information and Protection of Privacy Act for the purpose of facilitating your registration in a non-credit offering. It may be used and disclosed to other College departments and employees for this purpose, or for a use consistent with this purpose. If you have a question about the collection, use, disclosure or protection of your personal information, please contact Lethbridge College's Manager of Institutional Compliance by phoning (403) 320-3202 ext. 5703, emailing privacy@lethbridgecollege.ca, or writing to 3000 College Dr S, Lethbridge, Alberta T1K 1L6 c/o Manager of Institutional Compliance.