

NSCAD University and the School of Extended Studies are implementing a new information system that encompasses all members of the NSCAD community: degree students, ES students, faculty, and staff. To help us better identify the over 9000 individuals in the integrated system, we are now asking all individuals to please provide their middle name and date of birth. Rest assured that all information you provide when you register with Extended Studies is collected under the authority of Freedom of Information and Protection of Privacy Act, the Statistics Act (Canada), and the Taxation Act (Canada). It is used for administrating, evaluating, and marketing our programs. We treat your information with respect and care, and use it to serve you better.

Contact Information: Please print clearly

FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH	GUARDIAN (IF UNDER 18 YEARS OF AGE)	GUARDIAN CONTACT (IF DIFFERENT FROM STUDENT)
HOME ADDRESS		
CITY	PROVINCE:	POSTAL CODE
DAY-TIME PHONE NUMBER	HOME PHONE NUMBER	CELL PHONE NUMBER
EMAIL ADDRESS		

I AM REGISTERING FOR:

- FALL
 WINTER
 SPRING / SUMMER

COURSE CODE	COURSE TITLE		
START DATE/TIME			
INSTRUCTOR	SENIORS DISCOUNT <input type="checkbox"/> YES	AMOUNT \$	

Method of Payment:

- CASH DEBIT MONEY ORDER INVOICE GIFT CERTIFICATE
 VISA MASTERCARD CHEQUE (Made payable to NSCAD University)

Fee must accompany your registration form

CARD NUMBER: _____ EXPIRY DATE: ____/____/____
NAME ON CARD: _____

Return form to:

Tel: (902) 494-8185
Fax: (902) 494-8311
extendedstudies@nscad.ca

Mailing Address:
5163 Duke Street
Halifax, Nova Scotia
Canada B3J 3J6

Office Location:
NSCAD University
Granville Campus
1892 Hollis Street
Halifax, Nova Scotia

For office use only:

Date recieved:
Employee Intials:

Entered:

RECEIPT VALIDATION

THIS IS NOT AN OFFICIAL TAX RECEIPT.
OFFICIAL TAX RECEIPTS ARE AVAILABLE
UPON REQUEST IN FEBRUARY OF THE NEXT YEAR.