



Faculty of Health Sciences
Continuing Education

Release of Information (ROI) Program

Application Form

Please tick one:

I have previously taken a course at Douglas College

If known: Student # _____

I have never taken a course at Douglas College

Please print:

Surname: _____

First Name: _____

Address: _____

Apt. #: _____

City: _____

Province: _____ Postal Code: _____

Phone: Home: _____

Work: _____

Email: _____

Circle one: Male Female

Date of Birth: dd / mm / yy
 / /

Fee: \$215

PLEASE NOTE: On-line registration is not available for this course

PLEASE ATTACH LETTER FROM YOUR EMPLOYER VERIFYING CURRENT POSITION AND A COPY OF YOUR JOB DESCRIPTION. IF ENGLISH 12 WITH A C AND TYPING 45 WPM IS NOT IDENTIFIED IN THE LETTER OR JOB DESCRIPTION, ATTACH PROOF OF EACH.

Method of Payment: please tick one box

Cheque enclosed, payable to Douglas College

VISA

MasterCard

Card # _____

Expiry Date: _____

Name on Card: _____

Signature: _____

Mail to:

Maria Cordeiro
Faculty of Health Sciences Continuing Education
Douglas College, Room D1017 – DLC
PO Box 2503
New Westminster, BC V3L 5B2

Fax to:

Maria Cordeiro
Faculty of Health Sciences Continuing Education
604-777-6498

Walk-in:

Room D1017 - DLC
Douglas College
1250 Pinetree Way
Coquitlam, BC

OFFICIAL USE ONLY

Semester: _____

Registered & Paid in Full

CRN: _____

Program Signature _____

Date

Registration Clerk Signature _____

Date