Lethbridge College
3000 College Dr. S
Lethbridge, AB T1K 1L6
Ph: 403.320.3200
Fax: 403.317.3503

ABORIGINAL TRUSTEE PROGRAM REGISTRATION FORM

Registrar's Office

Student Number S | 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

Course Code Number	Course Name	Start Date (YY/MM/DD)	Course Fee

Payment Method:

☐ Visa _____ Expiry Date: _____

☐ MasterCard _____ Expiry Date: _____

Name and Address of Cardholder: _____

_____

_____

Signature of Cardholder: _____

☐ Cheque or Money Order (attach to form)

☐ Purchase Order A letter of authorization or an authorized purchase order is attached

NOTE: Registered students are ultimately responsible for payment regardless of third party invoice.

Student Signature_____ Today's Date _____, 20____

Freedom of Information and Protection of Privacy

The personal information on this form is collected and protected under the authority of the Alberta Freedom of Information and Protection of Privacy (FOIP) Act. Your information will be used to facilitate your registration in a non-credit offering, to contact you about Lethbridge College programs and services in the future, and for uses consistent with these purposes. Please direct questions to the Assistant Registrar, Records and Systems, Lethbridge College, 3000 College Drive South, Lethbridge, AB T1K 1L6, (403) 320-3400.