MEDICINE HAT COLLEGE

Registration Form
Please Print Clearly & Submit to Registration Desk

Protection of Privacy
The personal information collected through application form is for to register students in classes for their program. This collection is authorized by Section 4(c) of the Protection of Privacy Act and. For questions about the collection of this personal information please contact Associate Registrar at 403.502.8946, smaass@mhc.ab.ca, Medicine Hat College.

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Year _____	☐ Medicine Hat ☐ Brooks	MHC Student ID # _____

PERSONAL INFORMATION

Last Name	First Name	Middle Name
Previous Name		Phone Number

CURRENT MAILING ADDRESS (change below or verified at registration) ☐

Street or Box Number

City or Town

Province	Postal Code

PROGRAM OF STUDY_____

Check all that apply:

☐Student Loan	☐Grant	☐Sponsored	☐Student Athlete	☐Live in Residence	☐Visa Student

Are you completely withdrawing from your program?   Yes   No

SEMESTER	COURSE CODE & NUMBER	LECTURE (LC)	LAB (LB)	TUTORIAL (TU)	PRACTICUM/CLINICAL (PR) or (CL)	REASON
☐ Fall ☐ Winter ☐ Spring ☐ Summer						☐ Add (register) ☐ Drop (unregister) ☐ W Grade (no refunds)
☐ Fall ☐ Winter ☐ Spring ☐ Summer						☐ Add (register) ☐ Drop (unregister) ☐ W Grade (no refunds)
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Comments: _____
_____
_____

Student Signature: _____ Date: _____

Advisor Signature (if required)_____ Date: _____

FOR OFFICE USE ONLY	Keyed by _____ Date _____