

Fax: Newnham: (416) 491-9187
Seneca@York: (416) 661-1947

King: (905) 833-0730
Markham: (905) 940-4090

Transfer Form: Continuing Education - Registration

NOTE: Fees CANNOT be transferred from one semester to another.

PLEASE PRINT CLEARLY

Student Number

Year/Term

Last Name

First Name

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Home Telephone

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Business Telephone

Course: _____ Course Code: _____ Section _____ Total Fees: _____

Start Date: _____ Day(s)/Evening(s) per week: ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. ☐ Sun.

Course: _____ Course Code: _____ Section _____ Total Fees: _____

Start Date: _____ Day(s)/Evening(s) per week: ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. ☐ Sun.

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I have read the above statement and hereby authorize the release of information contained herein to the above mentioned.

Student Signature

Date _____

FOR OFFICE USE ONLY:

Registration Advisor's Signature

Date _____