NSCC Customized Registration Form

Personal Information						
(Please print clearly)	Full Name (first, middle, last)					
Preferred first name	Previous last name	Previous last name			Date of birth (month/day/year)	
Gender Identity □ Male □ Fe	male Non-binary/a	another identity				
Apartment number	Permanent mailing	g address (street addres	s, rural route, or P.O. Bo	x)		
City/Town	County (if N.S.)	County (if N.S.)		Country	Postal Code	
Home telephone	Cell phone					
Email address (We will be correspondi	ng with you via email. Plea	ase ensure this address is	s secure and accessible	£.)		
Have you previously attended NSCC or are you a current student?	□Yes □No	☐ Yes ☐ No Student ID number (if you've previously attended NSCC)				
If you are a current student, please identify which campus you attend.	□Yes □No	□Yes □No Campus name (if you currently attend NSCC)				
Citizenship						
☐ Canadian Citizen ☐ Permanent Resident (Copy of Permaner	nt Resident card required)	☐ Refugee with prot☐ Study Permit (In:		☐ Other - Please specify:		
Country of Citizenship (if not Canadian)			What is your primary language?			
Course Choices						
Course title			Class number	Campus/Online	Start Date	
Course title			Class number	Campus/Online	Start Date	
Signature of Registrant						
All information requested on this registr to exchange, sale or distribution. All e						
If you are a student with a documented of					•	
For more information about available serv	ices and required docum	nentation, visit nscc.ca	a/services.			

Register by:

Mail: P.O. Box 220 | Halifax, Nova Scotia | B3J 2M4

Telephone: (902) 491- 4911 | Toll- free: 1-866-679-6722

Online: Register and pay online | nscc.ca/coned

