



**Trinity Western University Extension Student  
REGISTRATION for CREDIT**

**Summer 2012  
(May 28 – June 22)**

**(Registration form for students not enrolled in a TWU degree)**

**Name & Personal Information**

\_\_\_\_\_  
Last Name                      First Name

\_\_\_\_\_  
Middle name                      Preferred name (if different)

\_\_\_\_\_  
Street Address/Box Number                      City                      Prov/State                      Postal Code/Zip Code

\_\_\_\_\_  
Home Phone                      Work Phone                      Email

Citizenship:  Canadian     Other \_\_\_\_\_  
(please specify)

\_\_\_\_\_  
Birth date (M/D/Y)                      S.I.N. Number (if Canadian)

Have you ever registered for a course at TWU?     Yes    No     Student Number \_\_\_\_\_  
If yes, do you have a current [TWUpass?](#)     Yes     No    (if known)

If "no", do you meet the university's [English Language Proficiency requirements?](#)     Yes     No

Code	Course #	Section	Course Title	Sem. Hrs.	Course Fee Tuition
RELS	320	O1	Dead Sea Scrolls – This course is taken for credit, all tests, activities, and assignments are mandatory, the result will be included on official transcripts.	3	\$1139*
<b>TOTAL FEES</b> (not including \$25 Textbook) (contact <a href="http://www.twu.ca/bookstore">www.twu.ca/bookstore</a> to order book)					\$1139*
<b>*Price quoted is for persons not admitted to a degree program at TWU.</b>					

I confirm that all information supplied in this registration form is true and correct to the best of my knowledge

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

<input type="checkbox"/> Cheque: # _____ \$ _____	Date Received: _____	<input type="checkbox"/> Admission Info.	<input type="checkbox"/> Booklet/Email
<input type="checkbox"/> Cash <input type="checkbox"/> Debit    \$ _____	Posted By: _____	<input type="checkbox"/> Reg: Student Info.	<input type="checkbox"/> Schedule/TP
<input type="checkbox"/> Loan <input type="checkbox"/> ProD/Torch    \$ _____	Date Posted: _____	<input type="checkbox"/> Reg: Courses	<input type="checkbox"/> ID Req/label
<input type="checkbox"/> Other: _____ \$ _____	Date Received: _____	<input type="checkbox"/> Busi: Subsid. Info.	<input type="checkbox"/> Receipt



TRINITY  
WESTERN  
UNIVERSITY

Education. Transformation. **IMPACT.**

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