## Trinity Western University Extension Student **REGISTRATION**



Please select semester and year from Dropdown Menu

## Name & Personal Information

ast Name	First Name				
	riiotramo				
Aiddle name	Preferred name (if different)	Maiden Na	Maiden Name (if applicable)		
Street Address/Box Numb	per City	Pro	ov/State	Postal Code/Z	ip Code
lome Phone	Work Phone		Email		
Citizenship:	Other(please spe	ecify)	ther, do you hav	ve MSP? □Ye	es 🔲 No
Birth date (M/D/Y)	Male Female	S.I.N. Number	<del></del>	Study Perm	it #
lave you ever registered f yes, do you have a curr		∕es No □ No	Student Numbe (if known)	r	
f "no", do you meet the u	niversity's English Language Pro	ficiency requireme	<u>nts</u> ?	s ∏⊩N	lo
All students are required	nity Covenant Agreement here to read and understand the Compermitted to register for classes. W	munity Covenant A			
Course Code # Section g. PSYC 106 A	Course Title	)	Sem. Hrs.	Cours Tuition	e Fee Other
				1	
	то	TAL FEES (all tuit	ion & other fees	)	
confirm that all information	TO on supplied in this registration for	·			



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Education, Transformation, IMPACT.

## FOR OFFICE USE ONLY

Cheque: #	\$ Date Received:	Aqueduct Info.	Confirm. Email
Cash Debit	\$ Date Registered:	Jenzabar/Reg.	Schedule/TP
Loan ProD/Torch	\$ Date Receipted:	Jenzabar/Busi.	ID Req. /label
Other:	\$ Date Receipted:	Reg.: Courses	Receipt