



SAINT MARK'S COLLEGE

THE CATHOLIC THEOLOGICAL COLLEGE AT THE UNIVERSITY OF BRITISH COLUMBIA

5935 IONA DRIVE VANCOUVER, BC V6T 1J7, CANADA

PHONE 604.822.4463 * FAX 604.822.4659

COURSE REGISTRATION FORM

Student Name: _____ SMC Student Number: _____

Program: _____ Semester: Fall Winter Spring Summer

Academic Year: _____

Address: _____ Postal Code: _____

Home Telephone: (____) _____ Cell: (____) _____ E-mail: _____

Course Code & Number	Course Title	Course Start Date (mm/dd/yy)	Credit or Audit	Number of Credit/Audit Hours
e.g. THEO 526	Christianity and World Religions	Jan. 19, 2012	Credit	3
Registrar's Note:		Total Number of Credit/Audit Hours Registered		Credit: _____ Audit: _____

ASSESSMENT OF FEES AND PAYMENT

(for office use only)

Tuition Fee	()	Mode of Payment:
Scholarship/bursary		
Registration Fee		
Book/s		
Others: _____		<input type="checkbox"/> CHEQUE
TOTAL AMOUNT DUE: \$ <input style="width: 50px;" type="text"/>		Details:
All applicable fees and tuition must be paid, or arrangements made, before this contract is completed and before classes begin.		Bank: _____
		Cheque Number: _____
Remarks:		<input type="checkbox"/> CREDIT CARD
		Details:
		__ Visa __ Master Card __ American Express
		Others: _____
		Card Number: _____
		Expiration Date: _____

Student's signature _____ Date: _____

APPROVED: Registrar's signature _____ Date: _____