

# Part-Time Student Registration

First Name _____		Last Name _____	
Student ID Number _____	Seneca Email Address _____	Alternate Email Address _____	
Street Address _____	Apt./Unit No. _____	Gender Male Female Non-binary Two-spirit Prefer not to answer	
City / Town _____	Province _____	Postal Code _____	
( _____ ) Preferred Telephone Number	<b>Please Check:</b> <input type="checkbox"/> → I have read the Tuition Fee and Refund Policy: <a href="http://www.senecapolytechnic.ca/about/policies/tuition-fee-and-refund-policy.html">http://www.senecapolytechnic.ca/about/policies/tuition-fee-and-refund-policy.html</a>		

<p>Have you registered at Seneca prior to this semester?      Yes      No</p> <p>If you have moved, please give previous street address;</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Please check:      Canadian Citizen / Permanent Resident</p> <p>   or      Attending on a student Visa Authorization (International Student)*</p> <p><small>* There is a fee premium - ask for an International Student Fee Policy for details.</small></p>	<p>Date of Birth: _____</p> <p><b>Note:</b> Date of Birth is mandatory for records purposes.</p> <p>Please check - method of payment:</p> <p>Credit Card</p> <p>Interact Direct Payment</p>
--	---

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT**

Personal information on this form is collected in accordance with sections 21, 39 and 49 of the *Freedom of Information and Protection of Privacy Act* and under the legal authority of the *Ministry of Training, Colleges and Universities Act*, R.S.O. 1990, and the *Ontario Colleges of Applied Arts and Technology Act*, 2002, Regulation 34/03, and may be used and/or disclosed for administrative, statistical and/or research purposes of the College and/or the ministries or agencies of the Government of Ontario and the Government of Canada. If you have any questions concerning the collection and use of personal information, please contact the Privacy Office at 416.764.0400 or email [privacyoffice@senecapolytechnic.ca](mailto:privacyoffice@senecapolytechnic.ca).

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

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

Course Code			Course Code			Course Code		
Course Code	Section		Course Code	Section		Course Code	Section	
Campus/Location			Campus/Location			Campus/Location		
Start Date	Time	Day of Week	Start Date	Time	Day of Week	Start Date	Time	Day of Week
(mm/dd/yy)			(mm/dd/yy)			(mm/dd/yy)		