Office of the Registrar
Telephone: 416.764.9900
Email: theservicehub@senecapolytechnic.ca
Important Academic Dates: senecapolytechnic.ca/registrar/dates

Seneca

Part-Time Student Registration

First Name _____ Last Name _____

Student ID Number _____ Seneca Email Address _____ Alternate Email Address _____

Street Address _____ Apt./Unit No. _____

City / Town _____ Province _____ Postal Code _____

Gender
- Male
- Female
- Non-binary
- Two-spirit
- Prefer not to answer

( )
Preferred Telephone Number _____

Please Check:
☐ → I have read the Tuition Fee and Refund Policy:
http://www.senecapolytechnic.ca/about/policies/tuition-fee-and-refund-policy.html

Have you registered at Seneca prior to this semester? Yes No

If you have moved, please give previous street address;

_____

_____

_____

Please check: Canadian Citizen / Permanent Resident

or Attending on a student Visa Authorization (International Student)*

* There is a fee premium - ask for an International Student Fee Policy for details.

Date of Birth: _____

Note: Date of Birth is mandatory for records purposes.

Please check - method of payment:

- Credit Card
- Interact Direct Payment

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.

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)		