Saint Paul Theological Seminary

CANADIAN COPTIC CENTRE
1245 EGLINTON AVE. W.
MISSISSAUGA, ON L5V 2M4

ENROLMENT FORM

ENRICHMENT PROGRAM

FR. 1 | MR. 2 | MRS 3 | MISS 4 | MS 5 | DR. 6

FIRST NAME

LAST NAME

APT. NUMBER | STREET NUMBER | STREET

CITY/TOWN | PROV.

POSTAL CODE | AREA CODE | HOME PHONE | AREA CODE | BUSINESS PHONE | EXTENSION

E-MAIL ADDRESS (REQUIRED)

FIRST LANGUAGE
- ENGLISH
- FRENCH
- OTHER

AREA CODE | MOBILE:

GENDER
- MALE
- FEMALE

DATE OF BIRTH: DAY | MONTH | YEAR

SOCIAL INSURANCE NUMBER

STUDENT IDENTIFICATION NUMBER (IF KNOWN) :

COURSE CODE	COURSE NAME	AUDIT	CREDIT	START DATE (D D M M Y Y)	COURSE FEE
		☐	☐		
		☐	☐		
		☐	☐		
		☐	☐		

OFFICE USE ONLY:

METHOD OF PAYMENT: CASH ☐ CHQ. ☐

APPLICATION APPROVED: YES ☐ NO ☐

Remarks:

DATE REGISTERED:

FEES & TUITION RECEIVED: YES ☐ NO ☐

DATE

STUDENT SIGNATURE

DATE	STAFF INITIAL

TOTAL FEES PAYABLE