REQUEST FOR
COMMUNITY PROGRAM CREDIT COURSE

This is to certify that

_____, _____, _____
(Student's Name) *(Student #)* *(Program Code)*

has permission to register in the following College credit course(s).

Title _____ _____
(Course Code)

Title _____ _____
(Course Code)

Title _____ _____
(Course Code)

as part of his/her day program without payment of tuition fees.

STUDENTS PLEASE NOTE: **Supply and/or Campus Service fees are still applicable and must be paid at the time of registration.**

_____ _____
Department Dean Date

_____ _____
Dean of Continuing Education Date
(Dan Holland - Room 3N1)

_____ _____
Registrar Date
(Nancy Rabb - Room 2H1)