



# Student Registration Form

## PART A - Personal Information:

ID: \_\_\_\_\_

\*Program: \_\_\_\_\_

Plan: \_\_\_\_\_

Academic Level: \_\_\_\_\_

Last Name: \_\_\_\_\_

\*First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_  
(if different than First Name)

Birth (Maiden) Name: \_\_\_\_\_

Other (Former) Name: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
yyyy mm dd

Medicare Number(NB): \_\_\_\_\_

New Brunswick Education Number: \_\_\_\_\_

### Residency and Citizenship Information:

What is your citizenship status in Canada (choose one)?

Canadian Citizen  Permanent Resident/Landed Immigrant  Student Visa  Employment/Other Visa

If you are in Canada on a Student or Other Visa, indicate your country of origin: \_\_\_\_\_

Mother Tongue: English | French | Other (sp. \_\_\_\_\_) Other Languages spoken (specify): \_\_\_\_\_

### \*Home Address (permanent residence):

Street/Rural Route No/Box No  
County (if NB) City/Town/Village Province Country Postal Code

Mailing Address (different from home address):  Same as Home Address OR

Street/Rural Route No/Box No  
County (if NB) City/Town/Village Province Country Postal Code

Campus Address (residence while studying):  Same as Home Address  Same as Mailing Address OR

Street/Rural Route No/Box No  
County (if NB) City/Town/Village Province Country Postal Code

Telephone Number: Home: ( ) Work: ( )  
Cellular: ( ) Campus: ( )

\*Preferred Telephone Number (choose one):  Home  Work  Cellular  Campus

E-mail: Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Campus: \_\_\_\_\_

\*Preferred E-mail Address (choose one):  Home  Work  Campus

### Person to Contact in Case of Emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel. Number: ( ) \_\_\_\_\_

## PART B - Education:

How did you receive your diploma (choose one)?  High School  GED  Adult High School  Other

High School Attended Name: \_\_\_\_\_ Location: \_\_\_\_\_

Date Last Attended: Year: \_\_\_\_\_ Month: \_\_\_\_\_ Highest grade successfully completed: \_\_\_\_\_

Most recent College / University / Other postsecondary Education (choose one):

Certificate  Diploma  Bachelor

## PART C - Student Signature:

I, \_\_\_\_\_ (print name), agree to comply with New Brunswick Community College's policies and procedures and with the Campus rules and regulations related to training for the Training Program or Course-s in which I am registered.

\_\_\_\_\_  
Student's Signature Date

## PART D - TO BE COMPLETED BY THE CAMPUS

CCNB's - \_\_\_\_\_ campus agrees to fulfill the requirements set out in its policies and procedures related to training.

Admit Term: \_\_\_\_\_ Start Date: \_\_\_\_\_ Duration: \_\_\_\_\_

