

ST. LAWRENCE COLLEGE

Course Authorization Enrollment Form



☐ Brockville ☐ Cornwall ☐ Kingston

Please print clearly - Once completed, please submit to the email applicable below

Student Name:			Program:		
Student ID #:			Personal Email:		
Address:		Apt. No. - No.	Street		Telephone – Home:
City		Province	Postal Code		Telephone – Other:

Courses Enrolled: **Required - office can help complete other fields.

Program Code**	Course Code **	Course Name**	Class Number	Start Date MM/DD/YYYY	Total Credits	Course Hours:	Fees:

☐ I recognize that I will not be enrolled in the above-mentioned courses until payment is made in full.

Student Signature

Date (Month/Day/Year)

\$ _____
Total Fees Due

Approved by: _____ Date: _____

*to be signed by St. Lawrence College authorized employee

Notes: _____

Freedom of Information This information is collected and used under the authority of the Ontario Colleges of Applied Arts and Technology Act, R.S.O. 2002, and regulations thereunder for the purpose of formally withdrawing from a program.

OFFICE USE ONLY

Notes:

☐ **Payment posted** Staff Name: _____ Date: _____

☐ **Student Enrolled/Fees posted** Staff Name: _____ Date: _____

Please submit form to Enrolment@sl.on.ca