ST. LAWRENCE COLLEGE
Course Authorization Enrollment Form

St. Lawrence College

☐ **Brockville**   ☐ **Cornwall**   ☐ **Kingston**

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:_____

_____

OFFICE USE ONLY

Notes:

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

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

Please submit form to Enrolment@sl.on.ca