

REGISTRATION FORM

- new student
- re-enrolling student
- CUIIC student

Please complete all sections of this form.

First Name: _____ Middle: _____ Last: _____

Employer: _____ Job Title: _____

Home Tel: () _____ Work Tel: _____ Cell: _____

Fax: () _____ E-mail: _____

Address (We require a street address for courier delivery): Work Home

Street: _____ City: _____

Province _____ Postal Code: _____

Check a Term: Fall Spring

Course Selection

Name of Course	Study Term		Fee \$650.00
	Fall Term	Spring Term	
<input type="checkbox"/> Introduction to Business Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Strategic Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Introductory Accounting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Managerial Accounting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Introductory Finance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Economics of Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Business Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Marketing Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Organizational Behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Interpersonal Communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Managerial Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Fees \$ _____

In which Certificate Program are you enrolling (enrolled)?

- Business Management Financial Management Human Resource Management None

Is this the last course required for your Certificate? Yes No

Method of payment:

Cheque or Money Order: (enclosed to follow) for \$ _____ (Payable to: Dalhousie University)

Please bill my employer (ensure letter of authorization or purchase order is attached)

Please charge my Personal credit card Corporate credit card

VISA MasterCard AMEX

Card Number: _____

Expiry Date: ___ / ___

I have read and understood the Financial Information section and agree to adhere to the regulations therein. I also understand that this program is governed by regulations developed and administered by Dalhousie University.

Please return this form to:

Cathy M. Lee, Program Manager

Dalhousie University

College of Continuing Education

2201-1459 LeMarchant Street

P. O. Box 1500

Halifax, Nova Scotia

B3H 4R2

For further information:

Phone: (902) 494-7197

Fax: (902) 494-3662

E-Mail: cathy.lee@dal.ca

Signature

Date