

Application For Continuing Education Course

Continuing Education Course Name or #: _____

Have you previously applied to The King's University? Yes No

If yes, King's Student Identification Number:

Mr. Mrs. Miss Ms Surname or Family Name					
	First Name	Middle Initial	Preference Name	Former Su	urname(s) (if applicable)
CURRENT ADDRESS:					
	Apt. #	Street		City	
Provinc	e	Postal Code	Cou	ntry	Telephone
OTHER	R TELEPHONE:	E-MAIL ADDRESS:			
EMER	GENCY CONTACT:				
Name		Telephone Relationship			
STATISTICAL INFORMATION:					
BIRTHDATE: GENDER: Day Month Year GENDER: Hale GENDER: GENDER: Day Month Year					
FIRST LANGUAGE: (check one only) English or Other (specify)					
DECLARATION OF APPLICANT					
Read	this Declaration care	fully before sign	ing. This must be	e signed by the a	pplicant only.
I understand that documents submitted to The King's University become the property of the University and that the originals will not be released to me or anyone outside the University. I certify that all statements made relating to this application are true and complete in all respects, and that no information has been withheld. I acknowledge that the information on this application will be used to contact me regarding King's programs and services. If admitted, it will form part of my student record and will be disclosed to relevant academic and administrative departments. Specific data elements will be disclosed to federal and provincial governments to meet reporting requirements. I agree, if admitted to The King's University, to comply with all rules and regulations of the University.					
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Signature of Applicant Date					
APPLICATION CHECKLIST $\sqrt{1}$ Please read carefully.					
	I have read the applicat section.	ion form carefully	and completed all se	ections, and I have	signed the Declaration
	I understand that as a c required to reapply for			o on-going status at	King's and will be