SEMESTER COURSE REGISTRATION FORM

St. John's Campus

Course: Software Development   **Semester:** F'23   **Group:** 9

Name: _____   **Phone Number:** _____

Mailing Address: _____

E-Mail Address: _____

Course Title	Course #	Repeat	Course Tuition
Software Development Seminar II			
UI/UX Design			
Front-End Development			
Programming Concepts with JavaScript			
Cloud Computing (AWS Certified Cloud Practitioner)			

Status	**Method of Payment**		**Tuition**
OK ☐	Workplace NL	☐	**$5,000.00**
Repeat ☐	Immigration Population		
Extra ☐	Growth and Skills _____ %	☐	
	Self-Pay	☐	
	Canada Student Loan	☐	
	Other (please specify)	☐ _____	

Students Signature: _____

College Official: _____

Date: _____

Before any changes can be made to the above program the student must complete an OFFICIAL DROP AND ADD FORM.

* Subject to Change