

## **Student Registration Form**

## TO BE COMPLETED BY THE STUDENT

PART A - Personal Information:	ID:
*Program: TDP	
Last Name: CARTER *First STEPHEN	
Middle Name: Preferred First	
Name:(if different than First Name)	NB Education
Birth (Maiden) Name: Other (Former) Name:	Number:
Social Insurance Number: 123 / 474 116 Gender: Male Femal	e
Medicare Number(NB): Date of Birth: 711111211	
Residency and Citizenship Information: What is your citizenship status in Canada (choose one) Canadian Citizen Permanent Resident/Landed Immigrant Student Visa	Employment/Other Visa
If you are in Canada on a Student or Other Visa, indicate your country of origin:	
Mother Tongue: English French Other (specify): Spoken (specify):	
*Home Address (permanent residence):	
24 COPPERFIELO LANE Street/Rupat Repute No/Box No	
VEST MORLAND MONCTON NB CAWADA  County (if NB) City/Town/Village Province Country	EI(GY) Postal Code
Mailing Address (different from home address):  Same as Home Address   R	
Street/Nural Route No/Box No	
County (if NB) City/Town/Village Province Country	Postal Code
Campus Address (residence while studying): Same as Home Address Same as Mail	
Street/Rural Route No/Box No	
County (if NB)  City/Town/Village Province Country  Telephone Number: Home	Postal Code
Cellular (506380-8287) Campus ( )	
*Preferred Telephone Number (choose one): Home Work	Campus
E-mail: Home: CARTCHO GMAIL. COM	
Work STEPHEN, CARPER PUBLICIA	
Campus:	
*Preferred E-Mail address(choose one): Home (Work) Campus	
PART B - Education:	
How did you receive your diploma (choose one)? High School GED Adult High School Other  High School Attended Name: Sussex Resance HTG H Location: Sussex NB	
Date Last Attended: Year 1990 Month 06 Highest grade successfully completed	
Most recent College / University / Other postsecondary Education (choose one)	
Certificate Diploma Bachelor	
PART C - Student Signature:	
(print name), agree to comply with New Brunswick Community College's policies and	
pricedures and with the Campus rules and regulations related to training for the training program or course(s) in which I am registered.	
Jun	= 27 2018
Student's Signature Date	
PART D - TO BE COMPLETED BY THE CAMPUS  NBCC'scampus agrees to fulfill the requirements set out in its policies and procedures related to training.	
Admit Term:Start Date:Duration:	and procedures related to training.