



COMMUNITY EDUCATION (Course Fee: \$150)

SESSION OF APPLICATION/REGISTRATION FALL SEMESTER 2010

NAME AND ADDRESS

Date _____

Surname	First Name	Middle Name	former surname if applicable
Street (or Box number)			
City/Town	Province/State	Postal Code	
Home Tel.	Bus. Tel.	Email	

PERSONAL AND STATISTICAL INFORMATION

Sex: Male Female	Marital Status: Married Single	Birthdate (Month/Day/Year)
SIN #	Provincial Health Insurance: Province: _____ Number: _____	
Immigration Status: Canadian Citizen / Landed Immigrant	Student Authorization	Country of Citizenship (if not Canada): _____
Notify in Emergency: Name	Relationship to Student	Telephone
Home Church	Denomination	
How did you hear about programming at RMC?		

COURSE NAME	PROFESSOR	TIME	T
CSP431 Contemporary Spirituality	Dr. Joyce Peasgood	September 10 – December 10, Friday 9:00 – 11:30 a.m.	
HTH274 Leadership Principles	Profs Kerry Belt/Wayne Smele	September 13 – December 6, Monday 6:30 – 9:00 p.m.	
ICS252 Theological Foundations of Global Studies	Prof Brad Friesen	September 8 – December 8, Wednesday 6:30 – 9:00 p.m.	
MIN330 Pastoral Ministry	Prof Roger Helland	September 13 – December 6, Monday 9:40 a.m. – 12:20 p.m.	
SSC383 Canadian Aboriginal Cultures	Prof Ray Aldred	September 9 – December 9, Thursday 6:30 – 9 :00 p.m.	

Student=s Signature _____ Date Applied _____

Method of Payment: Cheque Debit Card Cash (not by mail) Draft Money order Online transfer *
* Please email Sheri Mackarenko for online transfer information: smackarenko@rockymountaincollege.ca

Please return completed form to:

Rocky Mountain College The Registrar=s Office 4039 Brentwood Road NW Calgary, AB T2L 1L1

Phone: 403-284-5100 (ext 224 or 100) Fax: 403-220-9567 Website: www.rockymountaincollege.ca