



I have a Douglas College Student ID: No

Yes: _____

CE - Health Sciences Course Registration Form

Name: _____ Male Female
(First) (Last) *Legal Name is required

Address: _____

City, Province: _____ Birthdate (dd/mm/yy): _____

Postal Code: _____ Telephone No. : _____

E-mail: _____

If you have been accepted into one of the MH Nursing Programs, please check off your designation below:

- RN
- RPN
- LPN

If you are registering for CACC 200, please provide your BC Care Aide Registry number below:

CRN	Course Name & Subject code	Tuition Fee
Total \$		_____

To complete the registration process:

1. E-mail your completed form to: cehs@douglascollege.ca
2. A confirmation email will be sent to you, upon receipt of form and approval by department.
3. Payment of tuition in full is required, by contacting the CE Registration office.

Payment methods are:

1. By phone – Visa or Mastercard (Visa Debit or Mastercard Debit not accepted). Call CE Registration at: 604-527-5472 during office hours as per the link below.
2. By mail – personal or certified cheque or money order/bank draft. Please include copy of registration form. Send to:

*Douglas College, Continuing Education Registration
PO Box 2503
New Westminster, BC V3L 5B2*
3. In person - arrangements can be made by contacting the department at: 604-777-6527, to pay by Visa, Mastercard, Debit, cash, personal or certified cheque or money order/bank draft.

Office hours & location / course extension & refund policy links:

[CE Registrar's & Registrar's Office New Westminster & Coquitlam](#)
[Course Extensions & Continuing Education Health Sciences Special Refund Policy - Student Handbook](#)