



JUSTICE INSTITUTE
of BRITISH COLUMBIA
Canada's leading public
safety educator

COURSE REGISTRATION FORM

Fields marked with an asterisk* are mandatory.

JIBC STUDENT NUMBER (IF KNOWN):	PEN (IF KNOWN):
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*LAST NAME	*FIRST NAME	MIDDLE NAME OR INITIAL
POSITION	ORGANIZATION	PREVIOUS NAME USED FOR REGISTRATION, IF ANY: <input type="checkbox"/> N/A

The following is my preferred mailing address:

*STREET NAME AND ADDRESS				
*CITY/TOWN		*PROVINCE/STATE		*COUNTRY
*POSTAL CODE / ZIPCODE	E-MAIL		FAX ()	
*EVENING OR HOME PHONE ()	DAY PHONE ()	CELL PHONE ()		*DATE OF BIRTH (MM/DD/YYYY):
*IMMIGRATION STATUS: <input type="checkbox"/> CANADIAN CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> STUDENT VISA <input type="checkbox"/> OTHER VISA <input type="checkbox"/> NON-CANADIAN STUDYING OUTSIDE CANADA <input type="checkbox"/> OTHER (SPECIFY): _____ IF NON-CANADIAN, SPECIFY YOUR CITIZENSHIP: _____ DO YOU IDENTIFY YOURSELF AS AN ABORIGINAL PERSON? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, ARE YOU: <input type="checkbox"/> FIRST NATIONS <input type="checkbox"/> MÉTIS <input type="checkbox"/> INUIT PLEASE INDICATE IF YOU ARE: <input type="checkbox"/> STATUS <input type="checkbox"/> NON STATUS *GENDER (check all that apply): <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> TRANS Is there additional learning support (such as adaptive technology, tutoring, extra time for exams or captioning) that you require? If yes, please contact Disability Services at 604.528.5884 or 1.877.275.4331 or email disability@jibc.ca				

Many JIBC courses have prerequisites. Please read our course descriptions carefully before undertaking to register in a course.

COURSE NAME	COURSE NO.	START DATE	LOCATION	COURSE FEE
Add Tax and/or LSF** (see below)				
TOTAL FEE				

ENCLOSED IS MY COURSE FEE PAYMENT:	
Payment <input type="checkbox"/> personal or <input type="checkbox"/> organization: _____	<input type="checkbox"/> Cheque or money order
<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Amex CARD NUMBER: _____	EXPIRY MM/YY: ___ / ___
Name of Card Holder: _____	SIGNATURE OF CARD HOLDER: _____

Please check this box if you do not want to receive future mailings about JIBC programs.

Send your registration form and payment to: Fax: 604-528-5653 or by regular mail to
JIBC Registration Office, 715 McBride Boulevard, New Westminster, BC, Canada, V3L 5T4

To contact us: 604-528-5590; Toll free: 1-877-528-5591; e-mail: register@jibc.ca
****A Learner Services Fee (LSF) of \$5.30 per credit is charged for tuition-based courses.**

Add tax where applicable. **GST/HST #107554735.**

The Justice Institute of British Columbia respects your privacy. Personal information that you provide is collected pursuant to federal and provincial privacy legislation. It is collected for the purpose of administering admissions, registration, education programs, financial assistance and awards, student support services, graduation, alumni affairs and advancement, and for the purpose of statistical reporting. It may be disclosed to other educational institutions, federal and provincial government departments, co-sponsoring organizations, and the JIBC Alumni Association. Personal information is reported to Statistics Canada under the legal authority of the Statistics Act (see www.statcan.ca/english/concepts/ESIS).

If you wish further information please see <http://www.jibc.ca/privacy> or contact the Office of the Registrar.