



503 University Avenue
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902-628-8887
registrar@mccpei.com

Registration Card ~ Intensive Course

Name (Mr./Mrs./Miss) _____
(type or print full name)

Home Address _____
(street and number/P.O. Box)

_____ (town or city) _____ (province/state) _____ (country) _____ (postal code/zip)

Telephone (_____) _____ E-mail address _____

Birth Date ____/____/____ Birthplace _____ Social Insurance # _____
(month - day - year)

Marital Status _____ Number of Dependents _____

Have you received Jesus Christ as Lord and Saviour? yes no When? _____

Name of church you currently attend _____

If no church affiliation, state preference _____

Course Name _____ Encountering Worship _____ Year _____ 2016-2017 _____ Semester _____ 1st _____

Professor _____ John Sarno _____ Credit _____ Audit _____

Have you taken courses at MCC before? yes no If so, what year(s) _____

I declare that the above are answered fully and accurately to the best of my knowledge. I agree to abide fully with all rules and standards of the College.

Date

Signature