



Registration – Part-time Students

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

Mailing 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 _____ Year _____ Semester _____

Professor _____ Credit _____ Audit _____

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

Audio/Video/Images

- Classes may be recorded during the school year to share with students who are not able to attend class
- Classes may be live streamed with distance learners
- Classes may be used in Maritime Christian College digital course packages for current and future students
- Audio/Video may be taken of classes and events for promotion and publications
- Photos will be taken during the year at events and classes for use in promotion and publications

I declare that the above are answered fully and accurately to the best of my knowledge. I have read and agree to the above specifications regarding Audio/Video/Images. I agree to abide fully with all rules and standards of the College.

Date

Signature