

COLLEGE SUCCESS SKILLS APPLICATION FORM - 2010



Office of the Registrar/Student Services
 Fax (403) 556-4711 www.oldscollge.ca

| Personal Information | | |
|-----------------------------------------------------------------|--------------------------------------------------------|---------------------|
| First Name: | Last Name: | Middle Name: |
| Male: <input type="checkbox"/> Female: <input type="checkbox"/> | Olds College ID # (found on acceptance letter): | |
| Street Address: | City & Province: | Postal Code: |
| E-Mail: | Phone #: | Fax #: |

| Registration and Residence Information | |
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| Registration Fee for College Success Week | \$256.72 |
| <p>Do you plan to live in Residence during College Success? Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>(if you have already applied for residence, the meal plan that you selected for the year will be the meal plan that you must select for College Success)</p> <p><input type="checkbox"/> Plan 1 = \$233.95 \$116.85(residence) + \$117.10 (flexible 15 meals per week)</p> <p><input type="checkbox"/> Plan 2 = \$242.05 \$116.85 (residence) + \$125.20 (21 meals Monday to Sunday)</p> <p>Have you submitted an application for residence for the academic year? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, please complete and return an Olds College Residence application form Residence applications can be printed from: www.oldscollge.ca/studentresidence</p> | <p>\$ _____</p> <p>\$ _____</p> |
| Total Payable to Olds College | \$ _____ |

| Payment Options | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Credit Card: | Visa: <input type="checkbox"/> MasterCard: <input type="checkbox"/> | Number (16 digits required for credit cards): | Exp. Date: ____/____ |
| Name on Credit Card: | | Card Holders Signature: | |
| Cheque: <input type="checkbox"/> | Number: _____ | <input type="checkbox"/> Internet Banking: If you use the internet for personal banking you may pay on-line through your banking institution. Create Olds College as a "payee" and use your nine digit ID # (ie. 000012345) as the account number. | |
| If paying with a Credit Card you may fax this form to: 403-556-4711 If paying with a Cheque or Money Order please mail form and payment to: Olds College, Student Services 4500 - 50 Street Olds, Alberta T4H 1R6 If you decide to cancel from College Success Skills or from residence, please contact Student Services at 1 800 661-6537 or 403 556-8281 or studentservices@oldscollge.ca | | | |

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. Public inquiries regarding the collection, use and disclosure of personal information provided on this form should be directed to the FOIP Co-ordinator at Olds College at 4500 - 50 Street, Olds, AB T4H 1R6.