

EXTENDED PROGRAM OF STUDY FORM

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



GENERAL INFORMATION/INSTRUCTIONS

- Please complete the Personal Data portion first and then obtain the appropriate signatures.
- This Form must be completed and returned to Student Services/Office of the Registrar.
- Attach timetable of courses to be completed.

Program/Major

Date Returning

PERSONAL DATA (PLEASE PRINT CLEARLY)
Olds College Student Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Surname (legal)

First Name (legal)

Full Middle Name (legal)

Coordinator's Signature

Date

Student Signature

Date

List of courses needed for completion:
(please list or attach to form)

FOR OFFICE USE ONLY:

Date Entered _____

Initials _____

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 of Olds College at 4500 – 50 Street, Olds, AB T4H 1R6.