

SAINT MARK'S COLLEGE

THE CATHOLIC THEOLOGICAL COLLEGE AT THE UNIVERSITY OF BRITISH COLUMBIA

REGISTRATION 2010 – 2011

Student Name: _____

Address: _____

Postal Code: _____

Home Telephone: (____) _____ Cell: (____) _____

E-mail: _____

Student Number: _____

Tuition

Credit \$ 172 per credit hour

Seniors (65+) \$ 100 per credit hour

Audit \$ 100 per audit hour

Seniors (65+) \$ 60 per audit hour

Course Code & Number	Course Title	Course Start Date (mm/dd/yy)	Credit or Audit	Tuition Owing	Date Paid (For office use only)

Notes:

Total Tuition

Scholarship ()

Fees _____

Amount Due _____

All applicable fees and tuition must be paid, or arrangements made, before this contract is completed and before classes begin. **Early registration is appreciated as book orders are placed several weeks before the start of class.**

Student's signature _____ Date _____

Registrar's signature _____ Date _____

Office of the Registrar
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Phone: 604-822-4463 Fax: 604-822-4659
registrar@stmarkscollege.ca