Douglas College

Faculty of Health Sciences
Continuing Education

Child and Adolescent Mental Health

Application Form

Please tick one:

☐ I have previously taken a course at Douglas College If known: Student # _____

☐ I have never taken a course at Douglas College

Please print:

Surname: _____ First Name: _____

Address: _____ Apt. #: _____

City: _____ Province: _____ Postal Code: _____

Phone: Home: _____ Work: _____

Email: _____ *Circle one:* Male Female

Date of Birth: dd / mm / yy _____ / _____ / _____

Fee: $1,295
(Course materials are included in the cost of the course)

PLEASE ATTACH
ENTRANCE REQUIREMENT DOCUMENTATION

Method of Payment: *please tick one box*

❑ Cheque enclosed, payable to **Douglas College**

❑ VISA ❑ MasterCard

Card # _____ Expiry Date: _____

Name on Card: _____ Signature: _____

Mail to:
Maria Morse, Program Assistant
Faculty of Health Sciences Continuing Education
Douglas College, Room 1300
PO Box 2503
New Westminster, BC V3L 5B2

Walk-in:
Room 1339
Douglas College
700 Royal Avenue
New Westminster, BC

OFFICIAL USE ONLY

Semester: _____ ❑ Registered & Paid in Full

CRN(s): _____

_____ _____
Program Signature Date Registration Clerk Signature Date