



**COURSE REGISTRATION FORM  
PART TIME STUDIES**

**STUDENT INFORMATION**

FULL NAME	
EMAIL ADDRESS	PRIMARY TELEPHONE
TERM/YEAR	DATE

**REGISTRATION**

COURSE CODE	COURSE TITLE	* OFFICE USE ONLY			
		DURATION	COURSE SCHEDULE	WITHDRAW DEADLINE	INSTRUCTOR

**SELECT THE BEST STATEMENT TO EXPLAIN THE REASON FOR TAKING PTS COURSE(S).**

- This is a required course for my transfer plan, and it is not offered in Degree Program.
- This is the last course I need to take to fulfill transfer credit requirement.
- I choose to take PTS course to avoid time conflict for my required course.
- If others, please specify

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**IMPORTANT NOTES**

- Your enrollment in this course will be confirmed by Enrollment Services.
- If you wish to withdraw the course, please email [Enrolmentservices@corpuschristi.ca](mailto:Enrolmentservices@corpuschristi.ca)

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_