CENTRE FOR NURSING STUDIES CONTINUING NURSING STUDIES

LPN ANATOMY & PHYSIOLOGY II DISTANCE COURSE SPRING 2021

REGISTRATION FORM

| First Name | Middle Name | Last Name | Maiden Name |
|---|--|------------------------------------|---|
| Street Address | City/Town | Province | Postal Code |
| Phone (Home) | Phone (Business) | Phone (Cell) | Social Insurance Number |
| E-Mail Address (Com | pulsory) Emer | gency Contact Person | Telephone |
| Cost of course - \$500 (a offered in semester two | _ | urse will provide a transfer cre | edit for N209 Anatomy & Physiology |
| Registration Deadline: | April 1, 2021 | | |
| 9 | Studies accepts online payment leards. Online payments can be compared to the | • | on-refundable 1.75% convenience fee easternhealth.ca/Default |
| Prerequisite: Successfu | ıl completion of A&P I- <u>Please a</u> | ttach a copy of the Transcript | with this Registration. |
| For payment by mail, | please use: | | |
| Business Office Centre for Nursing Stud Southcott Hall 100 Forest Road St. John's, NL A1A 1E5 Canada | | | |
| • | Formation given on this Registration to the Centre for Nursing Studies. | η Form is correct. I agree to be ξ | governed by the policies, rules, and |
| personal references, to ver | The Centre for Nursing Studies to: in the centre for Nursing Studies t | to provide the clinical preceptor | |
| Date | | Signature of Student | |
| FAX NUMBER: 709-7 | 77-8176 | | |

The Centre for Nursing Studies (CNS) acknowledges and respects the privacy of individuals. The personal information included on this form is collected under the authority of Sections 32 and 33 of the Access to Information and Protection of Privacy Act and will be used for processing your application, the administration of student records, and coordinating your academic program. Contact information may be shared with other agencies as it pertains solely to the administration of the program/course for which you have applied or as authorized by law. If you have any questions about the collection, use, or disclosure of information on this form, please email barbara.peters@mun.ca.

EMAIL: catherine.e.rice@mun.ca