



JUSTICE INSTITUTE
of BRITISH COLUMBIA

COURSE REGISTRATION FORM

Fields marked with an asterisk* are mandatory for government reporting purposes.
Information is protected under privacy legislation.

CURRENT DATE: _____		HAVE YOU EVER TAKEN A COURSE AT THE JUSTICE INSTITUTE OF B.C.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES , JIBC STUDENT NUMBER (IF KNOWN): _____		PEN (IF KNOWN): _____	
*LAST NAME	*FIRST NAME	MIDDLE NAME OR INITIAL	
POSITION		ORGANIZATION	

The following is my: Work address Home address.

*STREET NAME AND ADDRESS			
*CITY/TOWN	*PROVINCE/STATE	*COUNTRY	
*POSTAL CODE / ZIPCODE	E-MAIL ADDRESS	FAX ()	
EVENING OR HOME PHONE ()	DAY PHONE ()	CELL PHONE ()	PAGER ()
*DATE OF BIRTH (MM/DD/YY): _____		PREVIOUS NAME USED FOR REGISTRATION, IF ANY: _____ <input type="checkbox"/> N/A	
*IMMIGRATION STATUS: <input type="checkbox"/> CANADIAN CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> STUDENT VISA <input type="checkbox"/> OTHER VISA <input type="checkbox"/> NON-CANADIAN STUDYING OUTSIDE CANADA <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (SPECIFY): _____			
*DO YOU IDENTIFY YOURSELF AS AN ABORIGINAL PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ARE YOU: <input type="checkbox"/> FIRST NATIONS <input type="checkbox"/> MÉTIS <input type="checkbox"/> INUIT			
*GENDER (CHECK ALL THAT APPLY): <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> TRANS			
DISABILITIES OR SPECIAL REQUIREMENTS (PLEASE DESCRIBE)			

Many JIBC courses have prerequisites. Please read our course descriptions carefully before undertaking to register in a course.

COURSE NAME	COURSE NO.	START DATE	LOCATION	COURSE FEE
Add GST or LSF** (see below)				
TOTAL FEE				

ENCLOSED IS MY COURSE FEE PAYMENT:	
Payment <input type="checkbox"/> personal or <input type="checkbox"/> organization: _____ <input type="checkbox"/> Cheque or money order	
<input type="checkbox"/> Mastercard <input type="checkbox"/> VISA <input type="checkbox"/> Amex Name of Card Holder: _____	
CARD NUMBER: _____	EXPIRY DATE MM/YY: ____ / ____
SIGNATURE OF CARD HOLDER: _____	JIBC USE ONLY: AUTHORIZATION NUMBER

Please check this box if you do not want to receive future mailings about JIBC programs.

Send your registration form and payment or the same information by e-mail to:

Justice Institute of BC, 715 McBride Boulevard, New Westminster, BC, Canada, V3L 5T4

For registration only: Phone: 604-528-5590; Toll free: 1-877-528-5591; Fax: 604-528-5653; e-mail: register@jibc.ca

****A Learner Services Fee (LSF) of \$5.00 per credit is charged for tuition-based courses.**

Please add GST where applicable. Note that most JIBC courses are GST exempt except those that are not part of a program or course series. **GST #107554735.** Please use one registration form per student. Photocopy this form for use by each additional student.