



**Diploma in Intellectual Disability Studies Program**  
 Continuing & Distance Education, St. Francis Xavier University  
 P. O. Box 5000, Antigonish, NS B2G 2W5  
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## **DIPLOMA IN INTELLECTUAL DISABILITY STUDIES**

### **PRACTICUM COURSE REGISTRATION**

Return this form with payment to the address above. Cheques to be made payable to St F X University

StFX Student ID # \_\_\_\_\_

**Please Print**

Last Name	Full First Names

**Date of Birth:** (required for identification in Registrar's records only) (Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_)

Mail/Courier Address	Town and Province	Postal Code
Home # Work # Cell #	<b>E-Mail Address</b> (Access information for the course lessons, etc., will be sent to your personal email address following registration – please print clearly)	
<b>Course</b>	<b>Do you require a receipt* for tuition paid?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> INDS150 <i>Practicum</i>	<b>OFFICE USE:</b> Fees Paid _____ Date received: _____	

Date: \_\_\_\_\_ **Signature of Applicant:** \_\_\_\_\_

Tuition is \$515 and subject to change at the discretion of the University. Cheques/money orders must be made payable to St. F. X. University and mailed to the Program Office at the address above. **Participants outside of Canada should contact the program office for current fees.**

\* Official receipts for tax purposes are issued by the Business Office at the end of February for courses taken the previous year.

<b>Office use only</b>	
<input type="checkbox"/> Acknowledgement of registration emailed (Day _____ Month _____ Year _____ )	
<input type="checkbox"/> Course policies emailed (Day _____ Month _____ Year _____ )	
<input type="checkbox"/> Contact information for instructor emailed (Day _____ Month _____ Year _____ )	
<input type="checkbox"/> Blackboard access emailed to participant (Day _____ Month _____ Year _____ )	