

P.O. Box 5300, 1250 Grand Lake Road, Sydney, NS Canada B1M 1A2

> enrolment@cbu.ca Tel: **902-563-1330**

TUTORIAL OR SELF-DIRECTED STUDY REGISTRATION FORM

SECTIONS 1 AND 2 MUST BE COMPLETED BEFORE THIS FORM IS SUBMITTED.

NOTE: The Office of the Registrar and Admissions will not retain a copy of this form beyond the end of the academic year. You are encouraged to retain your copy for future reference.

SECTION 1 - STUDENT		
Student Name:		Student ID:
Course No. (e.g. ENGL2105):		No. of Credits:
Course Title:		
Reason for Tutorial or Self-directed S	tudy:	
		Date:
	not be registered until related tuit fundable should I choose to drop	cion and fees have been paid in full.
Student Signature (required):		Date:
SECTION 2 - SCHOOL Section 2 Procedure: Must be com	inleted by the Professor/Instruc	tor and then to the Dean
Start Date:		
Professor/Instructor's Name:		
Department Chair:		Signature:
Academic School Dean:		Signature:
Date: Dean to check appropriate account number (below) for payment. After sections 1 and 2 are completed, submit the form to enrolment@cbu.ca.		
SECTION 3 - OFFICE OF REGISTRA		
Bachelor of Education Education Diploma Master of Education Master of Business Administratio	□ Bachelor of Social Work□ Post-Baccalaureate□ Nursing	Other (please specify)
Student notified Date:		stered Date:
CECTION 4 DAVBOLL		
SECTION 4 - PAYROLL	Spring 10-0-980000-42125	Summer 10-0-980000-42130
Amount Paid:	Fall 10-0-980000-42105	Winter 10-0-980000-42105