

# COURSE REGISTRATION FORM

ON-LINE COURSE REGISTRATION AVAILABLE AT: [www.wsep.usask.ca](http://www.wsep.usask.ca)

*This form is to be used for First Aid registration and for those participants that do not have a U of S NSID. If you have any registration questions, please contact 966-4675.*

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

COURSE NAME: \_\_\_\_\_

COURSE DATE: (1<sup>st</sup> choice) \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_ (3<sup>rd</sup>) \_\_\_\_\_

EMPLOYEE NSID USER NAME: \_\_\_\_\_

(If you do not know your NSID, please contact IT Services @ 4817)

DEPARTMENT/COLLEGE: \_\_\_\_\_

CAMPUS ADDRESS: \_\_\_\_\_

PHONE NUMBERS: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Attendance at this course requires supervisory approval. Please complete below:

SUPERVISOR'S NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_

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FIRST AID REGISTRANTS ONLY MUST ALSO INCLUDE:

UNIVERSITY CFOAPAL #: \_\_\_\_\_

If you drop the class with less than 10 working days notice - you will be charged the full amount.

<p>RETURN YOUR FORM(S) TO: WSEP Fax - 966-8394 Mail - Room 150 Research Annex</p>
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