

Fiscal Year:	<h1>POST-SECONDARY - ANNUAL REGISTER</h1>
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**WE REQUIRE THE FOLLOWING INFORMATION ON YOUR
DCI 4016769 – ANNUAL REGISTER OF POST SECONDARY EDUCATION STUDENTS REPORT**

Family Name		
Given Name		
Preferred Name		
Date of Birth		
Gender	M	F
Status Card #		

Post Secondary Institution:	
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# of Dependents	0	1	2	3	4	Enter #:			
Marital Status	SINGLE		MARRIED/COMMON LAW						
Full Time/Part Time	Full Time		Part Time						
Method of Delivery	Classroom	Distance	Virtual (Internet)		Blended: Classroom & Distance	Blended: Class & Virtual			
Program Start Date									
Academic Prog. Length	0	1	2	3	4	5			
Level of Education Sought	UCEP		DIPLOMA		CERTIFICATE		BACHELOR	MASTERS	DOCTORATE
Area of Study - Category									
Area of Study – Sub Category									