



Canadian Auto Workers - McMaster University

LABOUR STUDIES PROGRAM

McMaster University, KTH-702, Hamilton, ON L8S 4M4
Tel: 905-525-9140 Ext. 24015, Fax: 905-528-1228

STUDENT
NUMBER

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☐ FALL
☐ WINTER

REGISTRATION FORM

8	LEGAL LAST NAME	23 INITIALS	29	GIVEN NAMES	53 SEX	01		
54	SOC. INS. NO.	DATE OF BIRTH		CITY CODE	COUNTY CODE	PROV. CODE	M F COUNTRY CODE	04
		64		8	13	16	21	
		D D	M M	Y Y				

HAVE YOU EVER HAD A STUDENT NUMBER AT McMASTER BEFORE? _____

ADDRESS INFORMATION

UNDER THE SAME NAME? _____

8	APT. / STREET	32	CITY	56 PROVINCE	60 POSTAL CODE
HOME TELEPHONE		BUSINESS TELEPHONE		COUNTRY	
60 AREA	02	8 AREA	19 EXTENSION	22	
FAX NUMBER		E-MAIL ADDRESS			
AREA					

UNION INFORMATION

CAW Local: _____

Place of Employment: _____

Division: _____ (eg: van plant)

LEVEL	PROGRAM CODE	STAT	20
15	16	40	
9	8 9 2 8		
OFFICE USE ONLY			

COURSE REGISTRATION

COURSE NAME

15	17	26	29
64			

COURSE NO. SEE CALENDAR	SECTION E.G. C01, C02	CATEGORY CODE Office Use Only	30
23	25	32	

Method of Payment

☐ Cheque (payable to: McMaster University)

☐ Direct Tuition Billing

(When checking Direct Billing, the student must submit **Tuition Benefit Claim Forms** to their Employer / Benefits Carrier in order to receive direct billing, otherwise tuition payment is required)

For Labour Studies office use only:
Date Direct Billing authorization received: _____

FOR OFFICE USE ONLY

AUTHORIZATION # _____

Fees: _____

Receipts # _____

Batch # _____

Date _____