



**Marine Institute**  
Safety and Emergency Response Training (SERT) Centre  
7 Tennessee Drive  
Stephenville, NL A2N 2Y3  
Phone: (709) 643-5550 x221  
Fax: (709) 643-6027

**Course Participation Form**

Course Name: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor: \_\_\_\_\_

APPLICANT: (Last)		First:	Middle:
Street Address:		P.O. Box:	City/Town:
Province:	Country:	Postal Code:	CDN:
Email:		Phone: (    )	Cell: (    )
Date of Birth:	Year:	Month:	Day:
*Height:	*Weight	*Required for protective equipment sizing	
NEXT OF KIN: (Last)		First:	Middle:
Street Address:		P.O. Box:	City/Town:
Province:	Country:	Postal Code:	Phone: (    )

\_\_\_\_\_  
**STUDENT'S SIGNATURE**

**-Access to Information and Protection of Privacy-**

*The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7) and will be used to process your application for admission. Upon admission and registration, this information will form part of your student record. Students' personal information may be disclosed to academic and administrative units, and to federal and provincial agencies as legally required. Students agree by signing this document to the release of certification information to their employer, if the employer is paying for the training.*

*If you have any questions about the collections and use of this information, contact the Registrar at 709-778-0497.*