



UNIVERSITY OF
REGINA

U OF R STUDENT I.D. NUMBER (office use only)

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APPLICATION FOR UNDERGRADUATE PROGRAM ADMISSION

READ INSTRUCTIONS AND ANSWER QUESTIONS IN FULL. PRINT CLEARLY USING UPPER AND LOWER CASE LETTERS.

1. WHEN & WHERE DO YOU WANT TO BEGIN CLASSES?:

<input type="checkbox"/> FALL (Sept.–Dec.)	<input type="checkbox"/> WINTER (Jan.–Apr.)	<input type="checkbox"/> SPRING (May–Aug.)	YEAR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> REGINA	<input type="checkbox"/> SOCIAL WORK PRINCE ALBERT	<input type="checkbox"/> SOCIAL WORK SASKATOON	<input type="checkbox"/> FN UNIV SASKATOON				
<input type="checkbox"/> FN UNIV NORTHERN CAMPUS	<input type="checkbox"/> OTHER (please specify): _____						

2. PERSONAL INFORMATION

LAST/FAMILY NAME		FIRST/GIVEN NAME	MIDDLE NAME
PREFERRED NAME (IF DIFFERENT THAN FIRST)		PREVIOUS NAME (IF APPLICABLE)	
MAILING ADDRESS – APT #, STREET OR BOX #			
CITY/TOWN		PROVINCE	
COUNTRY		POSTAL CODE	

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Other _____	
PHONE: HOME (INCLUDING AREA CODE)	
PHONE: BUSINESS (INCLUDING AREA CODE)	EXT.
FAX (INCLUDING AREA CODE)	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
E-MAIL	

Male <input type="checkbox"/>	BIRTHDATE
Female <input type="checkbox"/>	DD – MON – YEAR

SOCIAL INSURANCE NUMBER									

3. CITIZENSHIP

Canadian Citizen <input type="checkbox"/>	Permanent Resident (Landed Immigrant) <input type="checkbox"/>	Study Permit (Student Visa) <input type="checkbox"/>	Other _____
Country of Birth	Country of Citizenship	If not born in Canada, Date of Entry DD - MON - YEAR	

4. FIRST LANGUAGE

English <input type="checkbox"/>	French <input type="checkbox"/>
Other _____	

5. ABORIGINAL ANCESTRY AND AFFILIATION

Status Indian <input type="checkbox"/>	Non-status Indian <input type="checkbox"/>	Métis <input type="checkbox"/>	Inuit <input type="checkbox"/>
Band Name _____			

6. EMERGENCY CONTACT

LAST NAME, FIRST NAME	RELATIONSHIP	TELEPHONE NUMBER (INCLUDING AREA CODE)
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7. FACULTY AND PROGRAM DETAILS

☐ CAMPION ☐ LUTHER ☐ FN UNIV ☐ UNIVERSITY OF REGINA

FIRST CHOICE FACULTY	DEGREE / CERTIFICATE / PROGRAM	MAJOR / SPECIALIZATION
SECOND CHOICE FACULTY	DEGREE / CERTIFICATE / PROGRAM	MAJOR / SPECIALIZATION

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COMMENTS: _____

8. PREVIOUS AND CURRENT EDUCATION**LAST HIGH SCHOOL ATTENDED** (If you did not attend high school, please state last elementary school attended.)

NAME OF SCHOOL	CITY / PROV. / COUNTRY	FROM	TO	GRADE COMPLETED
		MON / YEAR	MON / YEAR	

EARLY CONDITIONAL APPLICANTS ONLY – LIST ALL GRADE 12 CLASSES PLANNED (current and future enrolments)

POST-SECONDARY EDUCATION

⇒ LIST ALL POST-SECONDARY INSTITUTIONS ATTENDED.

⇒ TWO (2) TRANSCRIPTS MUST BE SENT DIRECTLY TO THE ADMISSIONS OFFICE FROM THE INSTITUTIONS LISTED.

POST-SECONDARY INSTITUTION	CITY / PROV. / COUNTRY	PROGRAM / DEGREE	DEGREE REC'D	FROM	TO
				MON / YEAR	MON / YEAR
				MON / YEAR	MON / YEAR
				MON / YEAR	MON / YEAR
				MON / YEAR	MON / YEAR

Have you ever been required to withdraw from any post-secondary institution? YES ☐ NO ☐

⇒ If yes, give name of institution and date.

INSTITUTION	DATE
	MON / YEAR

9. SPECIAL NEEDS (Optional) If you have a disability which may require special assistance, please indicate code(s) as noted in application guide.

10. DECLARATION – I certify that all the questions have been answered in full and the information provided is correct and complete. I agree to abide by University of Regina rules and regulations. I understand that otherwise my admission to or registration in this University may be revoked.

The University of Regina collects and creates information about students ("personal information") under the authority of the *University of Regina Act*, and in accordance with the *Local Authority Freedom of Information and Protection of Privacy Act* and the *Personal Information Protection and Electronic Documents Act*, for purposes of admission, registration, and other decisions on students' academic status, and the administration of the University and its programs and services. Some of this information may be disclosed to the relevant students' society and alumni association, and will be reported as required by federal or provincial authority. Any misrepresentation may be shared with other post-secondary institutions. By enrolling in courses at the University of Regina, students consent to the collection, use, and disclosure of personal information as described above.

X

APPLICANT'S SIGNATURE

DATE

11. CREDIT CARD PAYMENT – Use the following if you wish to pay the application fee by:

VISA

☐

MASTERCARD

☐

CARD NUMBER	EXPIRY DATE
	MON / YEAR

SIGNATURE OF CARDHOLDER

OFFICE USE ONLY

ADMIT AVG	ADMIT TYPE	DECISION CODE	DATE ADMITTED DD – MON – YEAR
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Questions can be e-mailed to admissions@uregina.ca.

Please read the application guide first!

Send completed form with the \$85 application fee to:

Admissions
Room 108
Administration-Humanities Building
University of Regina
Regina, Saskatchewan
Canada
S4S 0A2