



**APPLICATION FOR
ADMISSION & REGISTRATION
FOR ACCELERATED
STUDENTS**

UNIVERSITY OF REGINA
USER IDENTIFICATION NUMBER

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Accelerated students are currently in a Saskatchewan high school and want to take one university level course per term, for U of R credit. A letter of permission from the Principal of your high school is required. Home based learners who want to take courses must provide a letter from their educator. The letter of permission can be provided with this form or sent directly to the Credit Studies Division, Centre for Continuing Education. College Bldg. Rm. 104, Phone: (306) 585-5807, Fax: 585-5825 email: learnmore@uregina.ca.

SECTION 1: PERSONAL INFORMATION			
Legal Last /Family Name	Legal First Name	Legal Middle Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> S. Other <input type="checkbox"/> <input type="checkbox"/> _____
Preferred name (if different from legal first name)		Previous name (if applicable)	
Current mailing address – Apt #, Street or Box #			
City or Town	Province	Country	Postal Code
E-mail	Emergency Contact/Next-of-Kin	Relationship	Phone Number
Phone: Home ()		Fax: () <input type="checkbox"/> Home <input type="checkbox"/> Work	
Phone: Business ()		Ext.	
Home Institution			

Gender	Birth date (eg. 06-Jan-1980)		Social Insurance Number (Optional)			
Male <input type="checkbox"/>	Female <input type="checkbox"/>	DD-MON-YEAR				
Canadian Citizen <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>	Other: _____ Country of Citizenship: _____	Nation of Birth:	First language:		

Have you previously applied to or attended the University of Regina (credit or non-credit)? No Yes Student ID Number: _____

SECTION 2: COURSE REQUESTS			
Maximum course load is 3 credit hours			
FALL (Sept.–Dec.) <input type="checkbox"/>	WINTER (Jan.–Apr.) <input type="checkbox"/>	SPRING (May–Aug.) <input type="checkbox"/>	YEAR _____

Registration Status: RE = REGISTERED, DD=DROPPED COURSE, W=WITHDRAWL										
Reg. Status	CRN	Subject	Course Number	Section	POT	Grade Mode	Credit Hours	Days	Start Time	End Time
Total Credit Hours: (Operator Verification)										

I CERTIFY THAT ALL 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 AT THIS UNIVERSITY MAY BE REVOKED.

STUDENT'S SIGNATURE _____ DATE _____

The University of Regina collects and creates information about students 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 of provincial authority. By enrolling in courses at the University of Regina, students consent to the collection, use and disclosure of personal information as described above.

OFFICE USE ONLY		
Date Completed:	Admit Code:	Decision Code:
Comments:		