

Student Information

Student Information						User ID Number					
Last or Family Name		First Name		Middle Initial		Home Phone					
Current Mailing Address						Business Phone					
City or Town		Province		Postal Code		University of Regina E-mail Address:					

Students who wish another person to register them or make changes to their registration must provide their proxy with written signed permission to act on their behalf.

I hereby give _____ permission to register me for courses in the following semester(s):
 FALL WINTER SPRING/SUMMER YEAR:

I authorize do not authorize the above named to have access to the information in my student records required to complete my registration.

I understand that I am responsible for reviewing the details of my registration to ensure they are correct (www.uregina.ca/webservicesforstudents , login to yoUR Self-Service), for the payment of all tuition and other fees that result from my registration, and for notifying the University in writing if I should decide not to attend.

Signature

Date

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