## APPLICATION FOR FALL 2023 ADMISSION – Application deadline: April 3 / 2023

READ INSTRUCTIONS AND ANSWER QUESTIONS IN FULL.

## 1. PERSONAL INFORMATION

LAST/FAMILY NAME FIRST/GIVEN NAME					MIDDLE NAME			
LAST/FAIVILT INAIVIE	FIRST/GIVEN NAME					MIDDLE NAME		
MAILING ADDRESS – APT	# STREET OR BC	)Y #						
IVIAILING ADDITLOG 7.1 1	#, OTKEET OK DO	/// π						
APPLICANT'S HOME PHO	ANIE -	T ADDI ICANT'S CELLULAD DUONE.				OTHER	<u> </u>	
APPLICANTS HOWLFILD	INE.	APPLICANT'S CELLULAR PHONE:				UITLE	ζ.	
APPLICANT'S E-MAIL:								
APPLICANT 3 E-IVIAIL.								
CITY/TOWN		PROVINCE	PC	OSTAL CODE		GENDE	ER: Man	Woman
22:::170/								
COUNTRY					BIRTHDATE			
PARENTS' NAMES		1.				2.		
PARENTS' CELL PHONE						2.		
PARENTS CELL PRIONE		1.				2.		
PARENTS' EMAIL		1.				2.		
If permanent address is	not the same a	s above pleas	se co	emplete the follo	wing:			
PERMANENT ADDRESS -	- APT #, STREET C	OR BOX#						
CITY/TOWN	PROVINCE	Ē		POSTAL CODE			COUNTRY	
				<u> </u>				
2. PREVIOUS AND CU	RRENT EDUC	ATION						
Most Recent Highschoo	l Attended							
NAME OF SCHOOL	CITY			/PROV				
ATTEND FROM			ATT	ENDED TO				
TYPE OF PROGRAM (e.g.	FIAP, etc.)							

OTHER EDUCATIONAL PROGRAMS OR SCHOOLS ATTENDED (e.g. employment program, other post secondary institutions, transitions program, life skills program, etc.)

1. INSTITUTUTION / ORGA	NIZATION	CITY/PROV				
ATTENDED FROM	ATTENDED TO	PROGRAM/CERTIFICATE				
2. INSTITUTUTION / ORGA	NIZATION	CITY/PROV				
ATTENDED FROM	ATTENDED TO	PROGRAM/CERTIFICATE				
Have you previously app	olied for the Campus For Al	I program? No Yes				
3. SELF IDENTIFICATION	NC	Date				
Please check if you self-	declare that you have an <u>ir</u>	ntellectual disability				
It is generally agreed that a	an <u>intellectual disability</u> origina	tes before age 18 and is characterized by limitations in both:				
_		ng, problem solving, and planning) social skills, and practical skills)				
Eligibility and selection a	are <b>not</b> based on the level of	or complexity of the disabiltiy, or reading, math or other skills.				
Campus For All reserves the by a registered psychologist	-	tion regarding the intellectual disability, including a clinical diagnosis				
ABORGINAL ANCESTOR Status Indian	Y Metis Inuit					
4. SUPPORTING DOCU	JMENTS					
Please include in your a	pplication the following doc	uments:				

- \* TWO (2) REFERENCES FORMS INCLUDED (when selecting references, it is recommended to use someone other than a family member)
- **❖** PERSONAL PROFILE FORM INCLUDED
- **❖ FAMILY / GUARDIAN EXPECTATIONS FORM INCLUDED**

**5. DECLARATION-** I certify that all the questions have been answered in full and the information provided is correct and complete. I understand that completion of this signed application permits the University of Regina/Campus For All to request and/or confirm any information necessary to support my application for admission; that submission of any false statements or documents will result in the immediate and permanent cancellation of admission or registration to the University of Regina/Campus For all. 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//Campus For All 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 (Saskatchewan) and the Personal Information Protection and Electronic Documents Act (Canada), for purposes of admission, registration, and other decisions on students' academic status, and the administration of the University and its programs and services. Information regarding the admission of current high school students may

be shared with the student's current high school as needed. By submitting this application to the University of Regina/Campus For All, students consent to the collection, use, and disclosure of personal information as described above.

Applicant's Signature	Date

Please return completed application and all supporting documents to:

Campus For All University of Regina 3737 Wascana Parkway Regina, SK S4S 0A2

Incomplete applications will not be considered during selection.