



# APPLICATION FOR UNDERGRADUATE PROGRAM ADMISSION

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

Student Number (Office Use Only)							

1. WHEN DO YOU WANT TO BEGIN CLASSES? YEAR: 

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SEMESTER:

Fall (Sep-Dec)	
Winter (Jan-Apr)	
Spring/Summer (May-Aug)	

2. WHICH CAMPUS DO YOU PLAN ON ATTENDING CLASSES AT?

Regina     Saskatoon Social Work Campus     Saskatoon First Nations University Campus     Prince Albert First Nations University Campus     Other (specify): \_\_\_\_\_

3. PERSONAL INFORMATION

Last/Family Name	First/Given Name
Middle Name(s)	Preferred Name (if different than first name)
Previous Name (if applicable)	Social Insurance Number
Mailing Address-Apt #, Street, or Box #	
City/Town	Province
Postal Code	Country

Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Miss <input type="checkbox"/>	Mrs. <input type="checkbox"/>	I prefer not to use a title <input type="checkbox"/>	Other: _____
Home Phone (Include Area Code)			Cell Phone (Include Area Code)		
Business Phone (Include Area Code)			Email		
Gender (The University of Regina recognizes and welcomes the autonomy of individuals of all genders to be referred to in a way that reflects their identity. All applicants are welcome to signify the gender that they identify with)					
Female <input type="checkbox"/> Male <input type="checkbox"/> I prefer not to identify <input type="checkbox"/> I prefer to identify as: _____					
Birthdate		Permanent Address			
DD - MON - YEAR		My permanent address is the same as my mailing address <input type="checkbox"/>			
Permanent Address (only if different than mailing address)					
Apt #, Street, or Box #		City/Town	Province	Postal Code	Country

4. FIRST LANGUAGE

English     French     Other: \_\_\_\_\_

5. ABORIGINAL ANCESTRY & AFFILIATION

Status Indian     Non-Status Indian     Metis     Inuit

6. CITIZENSHIP (check one box only - if PR or Refugee, also indicate Country of Citizenship and Date of Entry)

Canadian Citizen     Permanent Resident     Refugee     Country of Citizenship: \_\_\_\_\_    Date of Entry into Canada DD - MON - YEAR

7. EXPERIENTIAL LEARNING OPPORTUNITIES

The University of Regina is committed to supporting you through every step of your university experience to successful employment. Experiential learning can happen in the classroom, in the community, or as part of your extra-curricular involvement. These experiences paired with proper training and reflection will build you the skills needed to succeed in your career path. Check here to find out more.

8. FACULTY, PROGRAM, AND FEDERATED COLLEGE

Please indicate your first and second choice Faculty. Your Faculty choice determines the undergraduate degree you will attempt. The registration choice determines where your academic services (academic advising, academic records, fees processing, etc) will be coordinated. Select U of R or any one of our three Federated Colleges.

FIRST CHOICE FACULTY	REGISTRATION CHOICE	PROGRAM OF STUDY/MAJOR
	(Check only one) U of R <input type="checkbox"/> Champion <input type="checkbox"/> First Nations University <input type="checkbox"/> Luther <input type="checkbox"/>	
SECOND CHOICE FACULTY	REGISTRATION CHOICE	PROGRAM OF STUDY/MAJOR
	(Check only one) U of R <input type="checkbox"/> Champion <input type="checkbox"/> First Nations University <input type="checkbox"/> Luther <input type="checkbox"/>	

9. PREVIOUS AND CURRENT EDUCATION

MOST RECENT HIGH SCHOOL ATTENDED (If you did not attend any high school or secondary school, leave blank)

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

**CURRENT HIGH SCHOOL APPLICANTS ONLY: LIST ALL GRADE 12 CLASSES** (either currently enrolled in, or planned for term 1 & 2)


**POST-SECONDARY EDUCATION – LIST ALL POST-SECONDARY INSTITUTIONS ATTENDED** (You must indicate all post-secondary institutions you are attending, or have attended, including those you have withdrawn from.)

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

Have you ever been required to withdraw, discontinued, or suspended due to unsatisfactory academic performance or disciplinary actions from any previous post-secondary institution (including the U of R)? YES  NO

If yes, give name of institution and date.

INSTITUTION	DATE MON/YEAR
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**10. AUTHORIZATION FOR ADMISSION LETTER TO BE SENT TO A THIRD PARTY**

If you require that a copy of your admission letter be sent to a third party (ie: sponsor agency), please list their address and/or email address below:

Name		Email		
Apt #, Street, or Box #	City/Town	Province	Postal Code	Country

**11. 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 to contact me, including by phone, email, and text message, and 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; and that failure to disclose attendance at another post-secondary institution may lead to cancellation of this application. 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 (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. 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. Information regarding the admission of current high school students may be shared with the students' current high school as needed. Any misrepresentation may be shared with other post-secondary institutions. By submitting this application to the University of Regina, students consent to the collection, use, and disclosure of personal information as described above.

**COMPLETE DECLARATION:**

**Electronic Declaration:** By checking this box, I certify that I am the person named in this application, and I agree to the above declaration.

OR

**Paper Declaration:** By signing here, I agree to the above declaration.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

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

- VISA
- MASTERCARD
- AMEX
- DISCOVER

Card Number
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Expiry Date MON/YEAR
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\_\_\_\_\_  
NAME OF CARDHOLDER