



**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. This application can be submitted to your high school or sent directly to the Student and Instructor Services Unit, Centre for Continuing Education, College Bldg. Rm. 104, Phone: (306) 585-5807, Fax: 585-5825 email: cce.studentservices@uregina.ca.

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

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

SPECIAL PROJECT CREDIT WAIVER (Note: If this portion of the form is **not completed**, the University of Regina will not release this student's marks.)

FOR THE PURPOSE OF BEING GRANTED DUAL CREDIT BY THE MINISTRY OF EDUCATION, I AGREE THAT THE UNIVERSITY OF REGINA MAY RELEASE THE FINAL MARK GRANTED IN THE ABOVE-NAMED COURSE WITH MY SCHOOL DIVISION AND THE MINISTRY OF EDUCATION FOR THE FOLLOWING HIGH SCHOOL COURSE CREDIT:

SPECIAL PROJECT CREDIT 30 SPECIAL PROJECT CREDIT 20

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 or 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:		

STUDENT APPROVALS

Applicants who are currently enrolled in high school or as home-based learners (minimum age 16) may be admitted to the University to take one course per term (semester). Applicants must submit to Student and Instructor Services, Centre for Continuing Education, a completed Application for Admission & Registration for Accelerated Students Form (cce.studentservices@uregina.ca) with signed approval from their high school or (for home-based learners) a signature of approval from their main educator with each term (semester). By signing this form, applicants also authorize their high schools to act on their behalf regarding their UR Accelerated Admission and Registration.

HIGH SCHOOL STUDENTS:

Name of High School: _____

Name of Principal/Guidance Counselor _____

I hereby approve that _____ be permitted to take an Accelerated course.
STUDENT'S NAME

PRINCIPAL/COUNSELOR SIGNATURE

DATE

HOME-BASED LEARNERS:

Name of main educator: _____

I hereby approve that _____ be permitted to take an Accelerated course.
STUDENT'S NAME

MAIN EDUCATOR'S SIGNATURE

DATE