University of Regina

APPLICATION FOR UNDERGRADUATE RE-ADMISSION AND/OR FACULTY TRANSFER

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

Student Number (Office Use Only)								

SEMESTER FOR WHICH RE-ADMISSION AND/OR TRANSFER SHOULD BE EFFECTIVE

YEAR: | | | | | SEMESTER:

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

PERSONAL INFORMATION AND CURRENT MAILING ADDRESS

Last/Family Name		Mr.☐	Ms.☐	Miss☐	Mrs.☐	I prefer not to use a title ☐	Other:
First/Given Name	Middle Name(s)	Home Phone (Include Area Code)				Cell Phone (Include Area Code)	
Preferred Name (if Different than First)	Previous Name (if Applicable)	Business Phone (Include Area Code)				Email	
Mailing Address-Apt #, Street, or Box #		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__ Male__ I prefer not to identify I prefer to identify as:					
City/Town	Province	Birthdate DD – MON - YEAR				Permanent Address My permanent address is the same as my mailing address ☐	
Postal Code	Country	Permanent Address (only if different than mailing address) Apt #, Street, or Box # City/Town Province Postal Code Country					

Citizenship

Canadian Citizen ☐	Permanent Resident ☐	Refugee ☐	Country of Citizenship: _____	If not born in Canada, Date of Entry DD – MON - YEAR

LAST OR CURRENT ATTENDANCE AT THE UNIVERSITY OF REGINA

FACULTY	REGISTRATION CHOICE	PROGRAM OF STUDY/MAJOR	LAST SEMESTER ATTENDED
	U of R ☐ Campion ☐ FN Univ ☐ Luther		

ALL OTHER POST-SECONDARY INSTITUTIONS ATTENDED (if any)

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

Have you ever been required to withdraw due to unsatisfactory academic performance from any post-secondary institution? YES☐ NO☐

If yes, give name of institution and date:

INSTITUTION	DATE MON/YEAR

RE-ADMIT AND/OR TRANSFER TO

FACULTY	REGISTRATION CHOICE (Check only one)	DEGREE/CERTIFICATE/PROGRAM	MAJOR
	U of R ☐ Campion ☐ FN Univ ☐ Luther ☐		

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 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 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.

APPLICANT'S SIGNATURE _____ DATE _____

OFFICE USE ONLY

COMMENTS: _____