

- PLEASE COMPLETE FORM IN FULL AND PRINT CLEARLY.
- DECISION NOTIFICATION WILL BE SENT TO YOUR U OF R EMAIL ADDRESS.
- THIS FORM IS TO BE USED TO REQUEST THE ADDITION OF A CONCURRENT PROGRAM IN A DIFFERENT FACULTY OR FEDERATED COLLEGE OTHER THAN THE CURRENT PROGRAM YOU ARE ALREADY ADMITTED TO. TO REQUEST THE ADDITION OF A CONCURRENT PROGRAM WITHIN YOUR CURRENT FACULTY, MAKE AN APPOINTMENT TO MAKE THE REQUEST WITH AN ACADEMIC ADVISOR.

Student Number							

YEAR:

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EFFECTIVE SEMESTER:

FALL (Sep-Dec) - DEADLINE TO SUBMIT: AUGUST 1	
WINTER (Jan-Apr) - DEADLINE TO SUBMIT: DECEMBER 1	
SPRING/SUMMER (May-Aug) - DEADLINE TO SUBMIT: APRIL 1	

1. PERSONAL INFORMATION

Last/Family Name				First/Given Name			
Middle Name(s)				Preferred Name (if different than the First Name)			
Mailing Address-Apt #, Street, or Box #				Email Address			
City/Town		Province		Cell Phone Number			
Postal Code		Country		Business Phone Number			
Canadian Citizen <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>	Refugee <input type="checkbox"/>	Country of Citizenship: _____			If not born in Canada, Date of Entry DD - MON - YEAR	

2. PROGRAM CURRENTLY ENROLED IN (PRIMARY PROGRAM):

FACULTY	CAMPUS	PROGRAM OF STUDY/MAJOR
	U of R <input type="checkbox"/> FN Univ <input type="checkbox"/>	Campion <input type="checkbox"/> Luther <input type="checkbox"/>

3. PROGRAM YOU WISH TO ADD (SECONDARY PROGRAM):

FACULTY	CAMPUS	PROGRAM OF STUDY/MAJOR
	U of R <input type="checkbox"/> FN Univ <input type="checkbox"/>	Campion <input type="checkbox"/> Luther <input type="checkbox"/>

4. PRIMARY PROGRAM FACULTY APPROVAL:

FACULTY/CAMPUS	PRINT NAME OF ACADEMIC ADVISOR	SIGNATURE OF ACADEMIC ADVISOR

5. SECONARY PROGRAM FACULTY APPROVAL:

FACULTY/CAMPUS	PRINT NAME OF ACADEMIC ADVISOR	SIGNATURE OF ACADEMIC ADVISOR

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

RETURN THIS COMPLETED FORM (IN PERSON OR VIA EMAIL) TO ONE OF THE FOLLOWING OFFICES FOR PROCESSING:

IF YOU ARE A:	REQUESTING A CONCURRENT PROGRAM IN:	LOCATION TO SUBMIT PAPER FORM:	EMAIL TO SUBMIT ELECTRONIC FORM:
Canadian Citizen/PR	Any Faculty or Program	Ad-Hum Building, Room 108	enrolment.services@uregina.ca
Non-Resident	Any Faculty or Program	College West Building, Room 127	international.admissions@uregina.ca
Canadian Citizen/PR	Centre for Continuing Education Programs	First Nations University, Room 3307	cce.studentservices@uregina.ca