



UR International
 3737 Wascana Parkway
 Regina, Saskatchewan, Canada S4S 0A2
 Phone: 306.337.2446 Fax: 306.585.4957

Email: study.abroad@uregina.ca
www.uregina.ca/international

Designated Learning Institution Number: O19425660270

Scholarship Acceptance Form

THIS FORM MUST BE COMPLETED AND RETURNED WITHIN 30 DAYS OF THE LETTER DATE. IF THIS FORM IS NOT RETURNED WITHIN THIS TIME YOUR SCHOLARSHIP MAY BE CANCELLED AND OFFERED TO ANOTHER RECIPIENT.

Return this form to UR International at College West Room 128
 University of Regina, Regina, Saskatchewan S4S 0A2

PLEASE NOTE: STUDENTS ARE RESPONSIBLE TO KEEP THEIR ADDRESSES AND ANY OTHER PERSONAL INFORMATION UP TO DATE BY USING UR SELF-SERVICE.

Surname	Given Name
Student Number	Social Insurance Number ¹

¹ **A social insurance number is required for Revenue Canada and must be supplied. If you do not have one, please apply for one and once you receive it bring it to the Student Awards and Financial Aid Office. Visa students may or may not have a Social Insurance Number, if you do not have one indicate 'Not Applicable.'**

CAMPUS: University of Regina First Nations University Campion College Luther College

Faculty: Arts Business Administration Continuing Education Education
 Engineering Kinesiology Fine Arts/MAP Nursing
 Science Social Work

****IF YOU HAVE RECEIVED MORE THAN ONE AWARD YOU MUST COMPLETE A SEPARATE ACCEPTANCE FORM FOR EACH ONE****

Name of the Award received: _____

PLEASE CHECK THE FOLLOWING THAT APPLIES TO YOU:

- I will accept the award
- I will NOT accept the award

Please indicate the reason for not accepting: _____

COMPLETE THE FOLLOWING SECTION (CHOOSE ALL THAT APPLY):

- I will be on a CO-OP work term in the semester my award is to be paid out.
- I will be on a Student Exchange program in the semester my award is to be paid out. I will be returning to full-time studies at the University of Regina for the _____ semester.
- I will be returning to full-time studies at the University of Regina for the _____ semester.
- This is current semester, _____, is my final semester at the U of R.

***Please fill out the semester (Fall, Winter, Spring/Summer) as well as the year you will be returning for your studies.**

SIGNATURES

Students' personal information is collected on this acceptance form for the purposes of administration of this award. The name and program of students who are selected as award recipients may be disclosed to the donor of the award and published in the University of Regina's Convocation Program and/or Awards web site. By signing below, students' consent to the use and disclosure of their personal information as described above. It is your responsibility to keep your address and other personal information up to date by using UR Self-Service.

Date: _____

Signed: _____
Recipient's Signature

FOR OFFICIAL USE ONLY

Date Sent

Date Received