Applying For:
International Peer Advisor □
International Student Advisee □

Student Information:
First Name: ...........................................
Last Name: ...........................................
Student ID: ...........................................
Email: ............................................... 
Phone #: ............................................. 
Address: ............................................
City: ............................................... 
Postal Code: ......................................
Male □  Female □

Academic Information:
Faculty: ............................................
Program: .......................................... 
Semesters Completed: .........................

Weekly Availability:
Monday: .............................................
Tuesday: ............................................
Wednesday: ........................................
Thursday: ......................................... 
Friday: ..............................................
Saturday: ......................................... 
Sunday: ...........................................

Agreement and Authorization:
I authorize UR International to share my contact information with other International Peer Advisors
Yes □  No □

Please return this form to:
UR International – Student Services
CW 109, University of Regina

For any questions, please contact:
UR International – Student Services
Telephone: 1.306.585.5082  Email: Global.Learning.Centre@uregina.ca

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