

Visiting students are from a recognized post-secondary institution other than the University of Regina and are taking courses for credit towards a program at their home institution. A letter of permission from the home institution is required. The letter of permission can be provided with this form, sent by email, the Study Abroad & Mobility Office, University of Regina, Regina SK S4S 0A2. FAX: 306-337-2929 Email: Study.Abroad@uregina.ca. **Please submit with a non-refundable \$100.00 application fee for undergraduate courses or \$125.00 for graduate courses.** For more information on the Visiting Student Program please contact 306-337-2446 or email: Study.Abroad@uregina.ca.

SECTION 1: PERSONAL INFORMATION			
Legal Surname	Legal First Name	Legal Middle Name(s)	U of R Student ID
Preferred name (if different from legal first name)		Previous name (if applicable)	Birthdate DD-MMM-YYYY
Current mailing address – Apt #, Street or Box #			Social Insurance Number
City or Town	Province	Country	Postal Code
Home Institution			
Phone:	Home: ()	Cell: ()	Email:
Gender:	Man: <input type="checkbox"/>	Woman: <input type="checkbox"/>	Prefer not to disclose: <input type="checkbox"/>
			Not Listed: _____
Citizenship:	Canadian Citizen: <input type="checkbox"/>	Permanent Resident: <input type="checkbox"/>	Study Permit: <input type="checkbox"/>
		Country of Citizenship: _____	First Language: _____

SECTION 2: REGISTRATION INFORMATION							
FALL (Sept.-Dec.) <input type="checkbox"/>		WINTER (Jan.-Apr.) <input type="checkbox"/>		SPRING (May-Aug.) <input type="checkbox"/>		YEAR: YYYY	
CRN	Subject	Course Number	Section	Credit Hours	Days	Start Time	End Time

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.

STUDENT'S SIGNATURE

DATE DD-MMM-YYYY

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. If you have any questions about the collection, use, or disclosure of this information by the University, please contact the Head, Access to Information and Protection of Privacy, www.uregina.ca/contact/privacy-legal/.

OFFICE USE ONLY		
Date Received:	Date Completed:	Comments:

SECTION 3: CREDIT CARD PAYMENT (FOR \$100.00 APPLICATION FEE ONLY)			
VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	AMEX <input type="checkbox"/>	Card Number: _____
			Expiry Date: MM/YY