

Student Loan Dual Registration Information Form

Name: _____ Student Number: _____

Address: _____ Social Insurance No.: _____

_____ Faculty: _____

PERIOD OF STUDY FOR WHICH YOU WISH TO BE CONSIDERED FULL-TIME (Check one) You must register and remain registered in a minimum of 9 credit hours in each semester that you wish to be considered full-time.

September to April September to December January to April May to August

UNIVERSITY OF REGINA COURSES – For the period indicated above, list the courses you are enrolled in at the U of R. If you are not currently registered for courses indicate the number of credit hours and/or courses you plan to enroll in.

September to December

Course Name/Number	Credit Hours	Start/End Date

January to April

Course Name/Number	Credit Hours	Start/End Date

May to August

Course Name/Number	Credit Hours	Start/End Date

OTHER (HOST) POST-SECONDARY INSTITUTION INFORMATION - All students should contact their faculty regarding a Letter of Permission, which is required in order to take a course from another post-secondary institution for credit toward their program at the University of Regina. In order to qualify for full-time studies these courses must correspond to and be completed within the same study period as indicated above.

Name of Institution:	Student Number (at host institution):
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<u>Course Name/Number</u>	<u>Credit Hours</u>	<u>Start Date</u>	<u>End Date</u>

Stop, before you sign this! You are certifying that all information provided is correct. You authorize the other post-secondary institution to release to the University of Regina pertinent information that they may require. You understand that you must register and remain registered in a minimum of 9 credit hours throughout the period of study indicated in order for you to be considered a full-time student.

SIGNATURE: _____ **DATE:** _____

*****DO NOT COMPLETE SECTION BELOW - OFFICE USE ONLY*****

Assuming this or a similar enrolment pattern (as indicated) is adopted and maintained, we will consider the above named a full-time student for the period of _____.

Combined credit hours for regular session

Combined credit hours for spring/summer session

Term 1 – Fall		Term 2 - Winter	
Q1	Q2	Q3	Q4

Approved By:
Date:
Date Sent:

Notes:

Confirmation Rcvd
Receipts Rcvd
Flagged
Comment
Excel