

APPLICATION FOR ADMISSION & REGISTRATION FOR VISITING STUDENTS

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 mail, faxed or emailed to the Office of the Registrar, University of Regina, Regina SK S4S 0A2. FAX: 306-585-5203 Email: Distance.Registration@uregina.ca. **Please submit with a non-refundable \$100.00 application fee.** For more information on the Visiting Student Program please contact 306-585-4114 or email: Distance.Registration@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.

_____ DD-MMM-YYYY
STUDENT'S SIGNATURE DATE

Your personal information is collected 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 the purpose of Visiting Student Admission and Registration. If you have any questions about the collection, use, or disclosure of this information by the University of Regina, please contact the Head, Access to Information and Protection of Privacy, [\(306\) 585-5545](tel:3065855545).

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