

Once you are a University of Regina student you can register for your classes through UR Self-Service. This form *should only be used* if self-registration is unavailable or at the request of your Faculty/College.

Complete and submit this form to your Faculty/College office to register in courses. Before registering for courses, confirm availability and ensure prerequisites have been met. Refer to the Registrar's Office [web page](#) for more information on Registration and Withdrawal. Additionally, refer to *My Refund Schedule* in [UR Self-Service](#).

Student Information (Please Print)

Legal Surname	Legal First Name	Legal Middle Name(s)	U of R Student ID (9 digits)
Preferred name (if different from legal first name)		Previous name (if applicable)	Birthdate DD-MMM-YYYY
Email			Daytime Phone Number
Primary Faculty or Academic Unit <input type="checkbox"/> AR <input type="checkbox"/> BU <input type="checkbox"/> CE <input type="checkbox"/> CT <input type="checkbox"/> ED <input type="checkbox"/> ES <input type="checkbox"/> GS <input type="checkbox"/> KI <input type="checkbox"/> MP <input type="checkbox"/> NU <input type="checkbox"/> SC <input type="checkbox"/> SP <input type="checkbox"/> SW			Campus or Federated College <input type="checkbox"/> UofR <input type="checkbox"/> Campion <input type="checkbox"/> Luther <input type="checkbox"/> FNUniv

Registration Information (Please Print)

FALL (Sept.-Dec.) <input type="checkbox"/>		WINTER (Jan.-Apr.) <input type="checkbox"/>		SPRING (May-Aug.) <input type="checkbox"/>		YEAR: YYYY	
Add (A) Drop (D)	CRN	Subject	Course Number	Section	Days	Start Time	End Time

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 registration. 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, (306) 585-5545.

Signature of Student	Date DD-MMM-YYYY
Signature of Advisor of the student	Date DD-MMM-YYYY
Signature of Dean, Director, or Designate of the student	Date DD-MMM-YYYY