

Student Information

			User ID Number											
Last or Family Name		First Name		Middle Initial										
Current Mailing Address									Home Phone					
City or Town									Province			Postal Code		
									Business Phone					
									University of Regina E-mail Address:					

Students who wish another person to register them or make changes to their registration must provide their proxy with written signed permission to act on their behalf.

I hereby give _____ permission to register me for courses in the following semester(s):
 FALL WINTER SPRING/SUMMER YEAR:

I authorize do not authorize the above named to have access to the information in my student records required to complete my registration.

I understand that I am responsible for reviewing the details of my registration to ensure they are correct (www.uregina.ca/webservicesforstudents , login to yoUR Self-Service), for the payment of all tuition and other fees that result from my registration, and for notifying the University in writing if I should decide not to attend.

Signature

Date

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