



MMFT PROGRAM REGISTRATION FORM

See reverse of this form for pertinent registration information. **PRINT** clearly in black.

Priority (see back): _____

Program Phase (see back): THEORY Certificate THERAPY Certificate MASTERS DEGREE

Name (Last/first): _____ Former Name (if applicable): _____

Student Number: _____ Date of Birth: month ___ day ___ year _____

E-Mail: _____ Phone (home): (_____) _____ Phone (work): (_____) _____

Current Personal Address: _____
Street, City, Province/State, Postal Code

1. If you are an international student have you submitted a copy of your Study Permit? YES NO If NO, please attach a copy to this form.

2. Are you a **SPONSORED STUDENT** (someone else is paying your fees)? NO YES

If Yes, Name of Sponsor _____

3. Have you been **ABSENT** from the University of Winnipeg MMFT program for more than three years? NO YES

Note: If YES, an Application for Continuance must be filled out, submitted, and approved by the MMFT Program Director before further registrations can be processed.

COURSE SELECTION: NOTE - THERE IS A SEPARATE REGISTRATION FORM FOR SELF (7554), AND PRACTICUM COURSES (7581,2,3,4).

		TERM	COURSE #	COURSE TITLE	DATES	TIMES
1.	PREFERRED COUSES (Courses you would like to take)					
2.						
3.						
4.						
5.						
6.						
1.	ALTERNATE COURSES (In the event that enrolment for one or more preferred courses is/are full, these courses will be considered.)					
2.						
3.						
4.						
5.						

IMPORTANT

- 1) It is the student's responsibility to become familiar with the University's and the MMFT program's academic regulations and policies regarding fees and/or withdrawal procedures as specified in the current calendar.
- 2) Fee statements are not mailed out via hard copy. It is the responsibility of the student to view WebAdvisor for all fees that are outstanding as well as applicable due dates. Fees not paid by due dates will be subject to applicable late fees. Please contact Grad Studies –Student Services if any enquiries.

I hereby acknowledge that the courses entered are correct and agree to accept my registration as it is listed above. I also agree to honour all financial and academic obligations in accordance with the University of Winnipeg's Academic Regulations and Policies regarding Fees and/or Withdrawal Procedures as specified in the current calendar. I have read and agree to the Freedom of Information and Protection of Privacy Act (FIPPA) statement on the back of this form.

Student's Signature

Date

MMFT Program Director's Signature

Date

The University of Winnipeg / Graduate Studies - Student Services / 515 Portage Ave / Winnipeg, MB, R3B 2E9

For Office Use Only:

Date Entered: _____ Initials: _____

Registration Information

Registration Dates:

To learn Registration dates, check the Graduate Academic Calendar (<http://www.uwinnipeg.ca/academics/graduate-calendar/index.html>).

Registration Form and Procedures:

1. Please read the whole form first. Use a black ink to answer the questions.
2. Identify what **Priority Level** you are and enter that number with large print in the left hand corner.
 1. In or accepted into 4th practicum
 2. In or accepted into 3rd practicum
 3. In or accepted into 2nd practicum
 4. In or accepted into 1st practicum
 5. Continuing Regular Student not yet in a practicum
 6. First year Regular Student
3. Print the identification information requested. Note that if you have been absent from the program for more than three years you need to contact the Program Director to seek an application for continuance.
4. Identify your **Program phase**.

If you have never been in a practicum, you are in the **Theory** Certificate phase.
If you are registering for the first practicum you are in the **Therapy** Certificate phase.
If you are registering for the second practicum, you are in the Master's Degree phase.
5. Record the Term, Course Number, Course Title, Dates and Times you have selected.
6. Sign the form and submit to the MMFT Office by one of the following means:
 - a. On Campus: MMFT drop box located in the lobby, 5th floor Rice.
 - b. Fax: 204-772-2547 Attn: Kari McCluskey
 - c. Email signed and scanned form to mftinfo@uwinnipeg.ca with **Subject line**: Registration Form from (your name)
 - d. Mail to MMFT Program, 5-22 Rice Centre, University of Winnipeg, 515 Portage Ave., Winnipeg, MB R3B 2E9
7. Program Director will sign and organize all Regular Applications by Priority Level (with earlier dates first within each priority level) to submit to Graduate Studies – Student Services.
8. Please check **WebAdvisor** for confirmation of Registration in courses, what your fees will be and when they are due. If you are placed on the wait list, a notification will be sent to your **University email account**.
9. Please remember that if you decide to withdraw from a course you must submit a **Withdrawal Form** to Program Director for her signature so it can be submitted to Grad Studies-Student Services for official withdrawal.

THE MANITOBA FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FIPPA) STATEMENT

I understand that my personal information is collected under 36(1) of the Freedom of Information and Protection of Privacy Act and will be used by the University for registration, awards, student records, alumni services, university research and other functions related to being a member of the University community. I authorize the University to disclose my student name, ID and enrolment status to the University of Winnipeg Students' Association as required for voting, health insurance, and the U-Pass/post-secondary pass program.

If you have any questions about the collection and use of this information please contact:

Mr Colin Russell,
Registrar
The University of Winnipeg,
515 Portage Avenue, Winnipeg, Mb. R3B 2E9
204.786.9337, c.russell@uwinnipeg.ca

Mr Dan Elves
Information and Privacy Officer
The University of Winnipeg,
515 Portage Avenue, Winnipeg, Mb. R3B 2E9
204.988.7538, da.elves@uwinnipeg.ca