



THE UNIVERSITY OF  
WINNIPEG

**UNIVERSITY OF WINNIPEG / CREDIT INSTITUTE OF CANADA  
REGISTRATION FORM**

Return completed application form to:  
**The University of Winnipeg Registrar's Office**  
**c/o Shauna MacKinnon**  
515 Portage Avenue  
Winnipeg, MB R3B 2E9 CANADA  
Telephone: (204) 786-9144  
Email: s.mackinnon@uwinnipeg.ca

**PERSONAL INFORMATION**

Student Number: \_\_\_\_\_

Surname \_\_\_\_\_

Given \_\_\_\_\_

Middle \_\_\_\_\_

Birth date: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**REGISTRATION INFORMATION**

Please indicate ✓ the course(s) you wish to register for:

**FALL (September - December 2017)**

BUS-2002/3-475 Financial Accounting

**WINTER (January – April 2018)**

BUS-2819/3-475 Corporate Finance I

I hereby agree to honour all financial and academic obligations in accordance with The University of Winnipeg policies.

**Date:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_