



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 2018)

BUS-2002/3-475 Financial Accounting

WINTER (January – April 2019)

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: _____