



Continuance Application - Domestic Students

All former students who previously attended The University of Winnipeg one or more years ago must apply for re-admission. Please note: if you are a returning International student, you must complete the full application online.

Deadlines: It is recommended that students apply at least two months before the start of the term so that the application can be processed in time to allow for course registration. The recommended dates to apply are:

| Term | Term Dates | Recommended Deadline |
|---------------|----------------------|----------------------|
| Fall | September - December | July 1 |
| Winter | January - April | November 1 |
| Spring/Summer | May - August | March 1 |

Application Fee: \$50.00

Student Details

Student Name _____
Last Name First Name Middle Name(s)

Date of Birth _____ UW Student Number (if known) _____
Month Day Year

Mailing Address _____
Address City Province Postal Code

Email Address _____

Home Phone _____ Cell Phone _____

Academic Details

| | | |
|---|---|---|
| Which term do you wish to resume your studies? | <input type="checkbox"/> Fall (September) <input type="checkbox"/> Winter (January) <input type="checkbox"/> Spring (May) | |
| What degree are you seeking? (To apply to the After-Degree BEd or to transfer into the Faculty of Education, complete the online application, not this form.) | <input type="checkbox"/> BA <input type="checkbox"/> BBA <input type="checkbox"/> Joint Program <input type="checkbox"/> Visiting Student (Letter of Permission (LOP). Credit to be transferred to another school) | <input type="checkbox"/> BSc <input type="checkbox"/> BKin (4-Yr) <input type="checkbox"/> BPHE |
| What is your intended major/program? (i.e. Geography, Biology, etc.) | | |
| Is your request for reinstatement because of suspension or forfeit? | <input type="checkbox"/> After a suspension (call Academic & Career Services 204-779-8946 before submitting this form) <input type="checkbox"/> Forfeit of previous credit (attached a letter requesting forfeit of credit) <input type="checkbox"/> Neither | |

Post-Secondary Course Work

| | |
|---|---|
| Have you registered, or are you currently registered, at another college or university since last attending The University of Winnipeg? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

If yes, please list the schools you have attended since your last registration at The University of Winnipeg. Please attach an up-to-date official transcript for each school. Students may also be asked to submit course outlines, if needed.

| Name of Institution(s) | Dates of Attendance | Degree/Diploma/ Certificate Earned | Graduation Date |
|------------------------|---------------------|---------------------------------------|-----------------|
| | | | |
| | | | |
| | | | |

Name Change

| | |
|--|---|
| Is your name different than what we may have on file, or what appears on any official transcripts you are submitting? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

If yes, please submit official government proof of the name change.

| | |
|----------------------|---------------------|
| Previous Name | Current Name |
| | |

Payment and Submission

The application fee is \$50. You can make payment in several ways:

- In-Person Cash/Interac at Student Central (1st floor, Rice Centre)
- Cheque/Money Order Payable to The *University of Winnipeg*
- Visa/MasterCard Input information below. The University will charge your card \$50

| | |
|-------------------------------|--------------------|
| Name on Card | Card Number |
| Cardholder's Signature | Expiry Date |

Please send your completed application and fee to:

Mail: Admissions, The University of Winnipeg, 515 Portage Ave, Winnipeg, MB R3B 2E9

Fax: (204) 779-3443 Email: admissions@uwinnipeg.ca

In-Person: Student Central

Declaration

I declare that I have answered all of the questions in this application truthfully and correctly.
I understand that any misinformation will void this application and may jeopardize my re-admission.

Student Signature

Date (YYYY/MM/DD)

Office Use Only

PERC ADSU Last Term _____ Admission Status _____ Approved by _____ Date _____