



# Graduate Studies Registration Form

CHECK TERM YOU ARE REGISTERING FOR: ☐ FALL (September to December) ☐ WINTER (January – April) ☐ SPRING (May – August) YEAR: \_\_\_\_\_

SURNAME AND (LEGAL ONLY) GIVEN NAMES		DATE OF BIRTH (Yr/Mo/Day)		STUDENT NUMBER	
Permanent Home Address				TELEPHONE Home	
Mailing Address		No. and Street	City/Town	Prov. or Country	Postal Code
Next of Kin Address				Email	
Former Name (if applicable)				If an international student, have you already submitted a copy of your Study Permit? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, please ensure a copy is attached to this registration form.	
DEGREE SOUGHT	MA CJ	MA CS	MAE	MA Ind Gov	MA Theo
	MSc ACS	MSc Biosci	MDP	MIM	Other(specify): _____
TYPE OF STUDENT <input type="checkbox"/> Regular <input type="checkbox"/> Occasional <input type="checkbox"/> Continuing <input type="checkbox"/> Visiting <input type="checkbox"/> Exchange				Qualifying Year	
ARE YOU A SPONSORED STUDENT? (ie: Agency, Company, Band paying your fees) <input type="checkbox"/> YES <input type="checkbox"/> NO Name of Sponsor: _____				TERM OF LAST OR CURRENT REGISTRATION AT THE UNIVERSITY: TERM (FALL, WINTER, SPRING) _____ YEAR _____	

Indicate your course selections in order of preference.

Entry	COURSE NUMBER (10 digits) e.g. GBIO-7111-001	TERM F, W, FW, SS	COURSE TITLE e.g. Curr Top Gen. Genom	TIME(S)	Lab Section No. (If Applicable)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

## IMPORTANT

1. It is the student's responsibility to become familiar with the University'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, contact Eric Benson ([e.benson@uwinnipeg.ca](mailto:e.benson@uwinnipeg.ca)) with any enquiries regarding such fees.
3. For more information on Registration procedures and Withdrawal dates, please check: <http://www.uwinnipeg.ca/graduate-studies/current-students/registration-withdrawal-information.html>

See over ➔

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.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROGRAM ADVISOR'S SIGNATURE

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
GRADUATE PROGRAM COMMITTEE CHAIR'S SIGNATURE

### 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](mailto: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](mailto:da.elves@uwinnipeg.ca)