



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 <small>No. and Street City/Town Prov. or Country Postal Code</small>		Bus.
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): _____		STATUS <input type="checkbox"/> Full time <input type="checkbox"/> Part-Time
TYPE OF STUDENT <input type="checkbox"/> Regular <input type="checkbox"/> Occasional <input type="checkbox"/> Continuing <input type="checkbox"/> Visiting <input type="checkbox"/> Exchange		
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) 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-withdrawl-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

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