

# Application for Continuance

## UCTS & MFT / The University of Winnipeg

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This form **MUST** be completed by former students (not applicable to Certificate in Theology students) of The University of Winnipeg, United Centre for Theological Studies OR Marriage and Family Therapy who have not registered for a period of three or more years.

### Return to Student Central with payment.

**NOTE:** Those students who have attended another institution since their last registration at The University of Winnipeg, **MUST** attach an official transcript to the continuance form for applicable evaluation. Registration will not be permitted until the evaluation is complete.

#### Section A.

Full Name: \_\_\_\_\_ Term Last Attended: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Birthdate (M/D/Y): \_\_\_\_\_ **PROCESSING FEE / \$40.00 enclosed**  Yes  No

#### Section B.

I wish to continue my studies and take courses (check one only):

- For credit in a Theology Degree Program  Not currently towards a Degree Program
- MA (Theology)  MDiv
- MA in SD&MP  BTh
- STM  MFT
- As a visiting student (credit transferred to another institution)

FOR OFFICE USE ONLY  Mail  Pick Up  
 Date Reviewed: \_\_\_\_\_  
 Approved By: \_\_\_\_\_

Please check the term you wish to register for:

Spring/Summer (May - August)  Fall (September - December)

Winter (January - April)  Fall/Winter (September - April)

**I WOULD LIKE THE CONTINUANCE PERMISSION TO BE :**  Picked up  Mailed

#### Section C. (The following question **MUST** be answered):

Have you ever registered or are currently registered at another institution since last attending The University of Winnipeg?

- Yes  No

Name of Institution	Date of Attendance (year/month)	Degree/Certificate Earned
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

#### Section D.

**NOTE: OFFICIAL TRANSCRIPTS FROM ANY INSTITUTION(S) LISTED IN SECTION C ABOVE MUST BE ATTACHED TO THIS APPLICATION. STUDENT COPIES ARE NOT ACCEPTED.**

Are official transcripts attached?  Yes  No

#### Section E.

Where name on documents or registration **DIFFERS** from present name, please indicate the previous name(s) used:

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Are copies of change of name documents attached?  Yes  No

**I declare that I have answered all questions correctly. I understand that misinformation may invalidate this application for continuance.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_