



THE UNIVERSITY OF WINNIPEG

The United Centre for Theological Studies

The United Centre for Theological Studies Application for Admission

If you are applying to a specific degree program please do not use this form.

515 Portage Ave / Winnipeg, MB / R3B 2E9 / (204) 786-9309/ Toll Free (North America): (800) 679 - 8496

fax: (204) 774-4134 / email: d.habtemariam@uwinnipeg.ca / website: theology.uwinnipeg.ca

Processing fee: A \$100.00 Domestic \$120.00 International

NON-REFUNDABLE APPLICATION FEE MUST ACCOMPANY THIS APPLICATION

Send application to Graduate Studies, Room 1BC10A

Dr. Rev. Mr. Ms. Miss Mrs.

Male Female Not Specified

NAME _____
Surname Given Middle (or Initial)

HOME ADDRESS _____
Street City Postal Code

TELEPHONE (HOME) () _____ (WORK) () _____ (CELL)() _____

EMAIL _____ OCCUPATION _____
optional

RELIGIOUS AFFILIATION _____ DATE OF BIRTH _____
optional Day / Month /Year

CITIZENSHIP Canadian Citizen Permanent Resident of Canada Study Permit (Student Visa) Other _____

Country of Birth _____ Country of Citizenship _____ If not born in Canada: Date of entry _____
day/month/year

English Language Proficiency (if applicable) included to follow

Aboriginal Ancestry**: First Nations Metis Inuit Indigenous (other) ** Provision of this information is optional. It is used by the University to gain a better understanding of its student body.

NOTE: Please do not use this application if you are applying to a specific degree program.

Accessibility Services assists with confidential academic accommodation and support plans for students who identify as having a disability or temporary health condition. If you would like to be contacted as a student who may benefit from supportive services, please check this box and a member of the Accessibility Services team will contact you. For more information about the services offered, please contact 204-786-9771 or <http://www.uwinnipeg.ca/index/services-disability>.

PLEASE INDICATE YOUR DESIRED STATUS:

- Occasional (has an undergraduate degree; official transcripts required)
- Special (does not have an undergraduate degree; must receive written permission from the Registrar)
- SPE/CPE Note: if you are attending another university you will require a LoP or LoGS (see below)
- Letter of Permission (LoP) **OR** Letter of Good Standing (LoGS) - from another academic institution outside of the Cooperative); Full Name of Institution: _____

NOTE: Please refer to the UCTS Calendar for appropriate documentation required.

DECLARATION (please read and sign/date below)

I declare that all statements made with respect to this application are true and complete, that all records are complete and unaltered, and that accepting this declaration permits The University of Winnipeg to request, confirm, and/or share any necessary information with other educational institutions to support my Application. If enrolled in a joint program, I authorize The University of Winnipeg to share my academic record with partner institutions. If accepted to The University of Winnipeg, I agree to follow University regulations.

I accept that misinterpretation, falsification of documents, or the withholding of requested information with respect to this application can result in cancellation of my acceptance and registration or dismissal from the University and that any information on falsifications may be shared with the Association of Registrars of the Universities and Colleges of Canada and/or other post-secondary institutions.

I accept this declaration:

Personal Information collected on this application will be used by The University of Winnipeg for admission, registration, scholarships, awards, student records, alumni services, university research, housing, and other activities related to being a member of the university community. It may also be disclosed to relevant student associations and federal and/or provincial authorities. It is collected under the general authority of The University of Winnipeg Act, in conformity with, and protection under the Manitoba Freedom of Information and Protection of Privacy Act (FIPPA).

Information Release (Optional)

You may wish to authorize someone to act on your behalf with respect to application status, registrations, financial information/activities, transcripts or graduation. If you wish to designate someone to act on your behalf, please complete the Information Release Form available on the web: <http://www.uwinnipeg.ca/index/services-rcdsforms>

If you have any questions about the collection and the use of this information please contact:

Dan Elves, FIPPA and Records Officer, University of Winnipeg, 515 Portage Avenue, Winnipeg, MB. R3B 2E9 204.988-7538, da.elves@uwinnipeg.ca

Date: _____ **Signature of Applicant:** _____

APPLICATION FEE PAYMENT

Cheque <input type="checkbox"/>	Credit Card <input type="checkbox"/>	Money Order <input type="checkbox"/>		
VISA <input type="checkbox"/>	Master Card <input type="checkbox"/>	Card Number _____	Expiry Date _____	Signature _____

FOR OFFICE USE ONLY:

13Jun17

Date Received: _____ Amount: _____ Cash Cheque

Receipt #: _____

Date: _____

Student Number: _____

Initials: _____