

THE UNIVERSITY OF WINNIPEG Graduate Studies Registration Form

CHECK TERM YOU ARE REGISTERING FOR:	FALL (September to December) WINTER	(January – A	April) Spring (May – Aug	ust) YEA	R:
SURNAME AND (LEGAL ONLY) GIVEN NAMES		DATE OF BIF	RTH (Yr/Mo/Day)	STUDENT NUI	MBER
Permanent Home Address				TELEPHONE Home	
No. and Street Mailing Address	City/Town	Prov. or Country	Postal Code	Bus.	
Next of Kin Address			Email		
Former Name (if applicable)			If an international student, have y Study Permit? YI		
DEGREE MDP MA Ind Go MA C: SOUGHT MA Theo DIPL Ind SP	S	Sc ACS	STATUS □Full time [Part-Time	
TYPE OF STUDENT Regular Doc	ccasional Continuing Visiting	Exchang	ge		
ARE YOU A SPONSORED STUDENT? (Someone else is paying your fees) YES NO TERM OF LAST OR CURRENT REGISTRATION TERM (FALL, WINTER, SPRING)					
Indicate your course selections in order	r of preference.				
	ERM COURSE TITLE r, FW,SS e.g. Curr Top Gen Genom			TIME(S)	Lab Section No. (If Applicable)
1					
2					
3					
4					
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11					

IMPORTANT

- 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.
- 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 duedates will be subject to applicable late fees, contact Eric Benson (e.benson@uwinnipeg.ca) with any enquiries
- For more information on Registration procedures and Withdrawal dates, please check: http://www.uwinnipeg.ca/graduate-studies/currentstudents/registration-withdrawl-information.html

urrent 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

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

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