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Visiting students are from a recognized post-secondary institution other than the University of Regina and are taking courses for credit towards a program at their home institution. A letter of permission from the home institution is required. The letter of permission can be provided with this form or sent directly to the Office of the Registrar, University of Regina, Regina, SK S4S 0A2. FAX (306) 585-5203. Please submit with a non-refundable \$100.00 application fee (see section 3 below). For more information on the Visiting Student Program please contact (306) 585-4114 or email: distance.registration@uregina.ca.

SECTION 1: PERSONAL INFORMATION			
Full legal name, with last or family name first		<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs.   Other <input type="checkbox"/> _____	
Preferred name (if different from legal first name)		Previous name (if applicable)	
Phone: Home (      )			
Current mailing address – Apt #, Street or Box #		Fax: <input type="checkbox"/> Home <input type="checkbox"/> Work (      )	
City or Town		Province	Country
		Postal Code	
E-mail	Emergency Contact/Next-of-Kin	Relationship	Phone Number
		Home Institution	

Gender      Birth date (eg. 06-Jan-1980)

Male <input type="checkbox"/>	Female <input type="checkbox"/>	DD-MON-YEAR
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Canadian Citizen <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>	Other: _____ Country of Citizenship: _____	Nation of Birth: _____	First language: _____
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SECTION 2: COURSE REQUESTS								
Maximum course load is 15 credit hours								
FALL (Sept.-Dec.) <input type="checkbox"/>	WINTER (Jan.-Apr.) <input type="checkbox"/>	SPRING (May-Aug.) <input type="checkbox"/>	YEAR	<table border="1"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>				

Registration Status: RE = REGISTERED, DD = DROPPED COURSE, W=WITHDRAWAL																
Reg'n Status	CRN				Subject	Course Number				Section	POT	Grade Mode	Credit Hours	Days	Start Time	End Time
<b>Total Credit Hours: (Operator Verification)</b>																

I CERTIFY THAT ALL QUESTIONS HAVE BEEN ANSWERED IN FULL AND THE INFORMATION PROVIDED IS CORRECT AND COMPLETE. I AGREE TO ABIDE BY UNIVERSITY OF REGINA RULES AND REGULATIONS. I UNDERSTAND THAT OTHERWISE MY ADMISSION TO OR REGISTRATION AT THIS UNIVERSITY MAY BE REVOKED.

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

The University of Regina collects and creates information about students under the authority of The University of Regina Act and in accordance with the Local Authority Freedom of Information and Protection of Privacy Act and the Personal Information Protection and Electronic Documents Act for purposes of admission, registration, and other decisions on students' academic status, and the administration of the University and its programs and services. Some of this information may be disclosed to the relevant students' society and alumni association, and will be reported as required by federal or provincial authority. By enrolling in courses at the University of Regina, students consent to the collection, use and disclosure of personal information as described above.

OFFICE USE ONLY		
Date Completed:	Admit Code:	Decision Code:
Comments:		

SECTION 3: CREDIT CARD PAYMENT (FOR \$100.00 APPLICATION FEE ONLY)				
VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	AMEX <input type="checkbox"/>	CARD NUMBER:	EXPIRY DATE: MM/YY