



ADMISSION APPLICATION

Return completed application form to:
 Enrolment Services
 Box 3000
 436 7th Street
 The Pas, Manitoba R9A 1M7
 Telephone: 204-627-8648
 Toll Free: 866-627-8500
 Fax: 204-627-8514

****USE BALL POINT PEN ONLY**

Application Fee	
<input type="checkbox"/> Fee Received	
<input type="checkbox"/> No Fee Received	
Payable to University College of the North	

Section A: Personal Data

Use legal names (no initials)

Last Name																												
First Name															(Indicate one <input checked="" type="checkbox"/>): <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss													
Middle Name																												
Preferred Name																												
Former Name																												
Date of birth	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Place of birth (Province or Country)																										

Mailing Address																												
Street Address/Box #																												
City or Town																												
Province	<input type="text"/> <input type="text"/>	Postal Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Home phone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																					
Cell phone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Business phone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																					
Email address																												

Home or permanent address (if different from above)																												
Street Address/Box #																												
City or Town																												
Province	<input type="text"/> <input type="text"/>	Postal Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Home phone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																					
Cell phone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Business phone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																					

Have you ever registered at University College of the North and/or Inter-Universities North/Services? Yes No

Have you ever previously applied or registered at a University or College in the Province of Manitoba? Yes No

(You must answer yes or no)

If "Yes" complete the section below

<input type="checkbox"/> UCN/IUN	Student #	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> University of Manitoba	Student #	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Brandon University	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> University of Winnipeg	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<input type="checkbox"/> Other _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

For which academic term did you last register? Beginning Month _____ Year _____

Have you ever been required to withdraw from studies at another university or college because of unsatisfactory performance or for disciplinary reasons? Yes No

If yes, from where _____

UCN requests your assistance in collecting accurate statistics. Could you please assist by indicating your culture, marital status, disabilities, primary language and gender. The statistics we gather will provide valuable information that will help us provide appropriate programming and services to students.

The first five questions are optional.*

Culture*

- Canadian Indigenous Peoples
 - Status
 - Métis
 - Inuit
 - Non-status

A **Canadian Indigenous Person** is a North American Indian or member of a First Nation, a Métis or an Inuit. North American Indian or First Nation includes Status, Treaty, or Registered Indians, as well as non-Status and non-Registered Indians.

Marital Status*

- Single
- Married
- Divorced, separated, or widowed
- Common Law

Disability*

Do you have a disability that requires additional resources? Yes No

'Disability' can refer to a physical condition that impacts mobility, mental health diagnosis, learning disability, visual or hearing impairment, chronic health condition, ADHD, or acquired brain injury etc. Declaring a disability will not have an impact on your acceptance into your desired program.

Primary Language* (check) Refers to mother tongue English Indigenous Language (specify) _____
 French Other (specify) _____

Gender* Male Female Another Gender Identity (may include Indigenous Two-Spirit, Transgender, Non-Binary, etc.)

Citizenship Status (indicate):

- Canadian Citizen
- Permanent Resident
Date of Expiry
Month Year

- Student Authorization (on Student Visa)
Date of actual or proposed entry into Canada
Month Year

- Other (please specify) _____

Applicants with previous education outside of Canada and/or education in a language other than English must submit proof of English Proficiency as per Policy AC-01-21

Name of Test _____ Date of Test
Month Day Year

Section B: Admission Information

When do you wish to begin your studies?

- Fall (Sept. - Dec.)
- Winter (Jan. - Apr.)
- Spring (May-June)
- Summer (July - Aug.)

Which Campus or Regional Centre do you plan to attend?

- The Pas
- Thompson
- Regional Center _____
- Other _____

ALL APPLICANTS MUST CHECK ONE BOX IN EACH COLUMN OF THIS SECTION

I am seeking admission status on the basis of the academic level indicated below.

I am seeking admission status as indicated below.

As a graduate from high school in:

- Manitoba
- Another Canadian province
- Another country

- Regular
- Mature
- Special
- Transfer
- Visiting
- Auditing (B.U.)
- Non-credit admission (B.U.)
- Dual Credit (Attending High School)

Having attended a post-secondary technical institute/college in:

- Manitoba
- Another Canadian province
- Another country

Having attended a university in:

- Manitoba
- Another Canadian province
- Another country

Or:

- Having completed a grade 12 G.E.D. (B.U.)
- Less than complete high school

*Optional

Program & Faculty Choice (University Students Only)

Home University

To which University are you applying?

- University College of the North Brandon University The University of Manitoba
 The University of Winnipeg Other (specify) _____

Are you changing your home university? No Yes If yes, From _____ to _____

Are you changing your degree/faculty choice? No Yes If yes, From _____ to _____

Faculty Choice

- | University College of the North | Brandon University | The University of Manitoba | The University of Winnipeg |
|--|---|--|--|
| <input type="checkbox"/> Three-Year Bachelor of Arts | <input type="checkbox"/> Arts (B.A.) | <input type="checkbox"/> University 1 | <input type="checkbox"/> Arts (B.A.) |
| <input type="checkbox"/> Bachelor of Interdisciplinary Studies | <input type="checkbox"/> Science (B.Sc.) | <input type="checkbox"/> Arts (B.A.) | <input type="checkbox"/> Science (B.Sc.) |
| <input type="checkbox"/> Bachelor of Arts (Nursing Intent) | <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> Science (B.Sc.) | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Year 2 Nursing (Joint UM/UCN BN) | | <input type="checkbox"/> Extended Education/General Studies (not seeking a degree) | |
| <input type="checkbox"/> Bachelor of Arts (Social Work Intent) | _____ | <input type="checkbox"/> Other (specify) _____ | _____ |
| <input type="checkbox"/> Kenanow Bachelor of Education Integrated Stream | _____ | | |
| <input type="checkbox"/> Bachelor of Business Administration | <input type="checkbox"/> Kenanow Bachelor of Education After Degree | | |

Program Choice (College Students Only) Program to which you are applying (Indicate one):

FULL TIME PROGRAMS

- Apprenticeship:
 - Carpentry
 - Industrial Electrical
 - Industrial Mechanic
- Automotive Technician
- Business Administration
- Carpentry/Woodworking

- Culinary Arts
- Dental Assisting
- Diploma in Practical Nursing
- Early Childhood Education
- Early Learning and Child Care
- Educational Assistant
- Electrical Trades Fundamentals
- Facilities Technician

- Health Care Aide
- Heavy Duty Mechanics
- Industrial Welding
- Law Enforcement
- Natural Resources Management Technology
- Office Assistant
- Plumbing Trades Fundamentals

CONTRACT TRAINING AND CONTINUING EDUCATION PROGRAMS

- Other Program

Program Choice (Adult Learning Centre Students Only) Program to which you are applying (Indicate one):

- General Studies: Adult Education
- General Studies: College Preparation
- Mature Student High School Diploma

When applying for UCN General Studies, state the program you intend to pursue after completing General Studies: _____

Section C: Academic Record (All applicants must complete in full)

Post-Secondary Education (University or College)

1. Institution (Most recent)

Program of studies _____

Degree/diploma/certificate earned? Yes No

Date of Last Attendance

____/____/____
 Month Year

Graduation Date

____/____/____
 Month Year

2. Institution

Program of studies _____

Degree/diploma/certificate earned? Yes No

Date of Last Attendance

____/____/____
 Month Year

Graduation Date

____/____/____
 Month Year

Secondary School (High School)

1. Name of School (Most recent)

Province _____ Date completed/to be completed _____/_____/_____
 Month Year

Highest grade completed or to be completed?

2. Name of School

Province _____ Date completed/to be completed _____/_____/_____
 Month Year

Highest grade completed or to be completed?

M.E.T. number (if known) _____

(Failure to disclose previous attendance may result in withdrawal of application, see "Declaration" on last page.)

Section D: Financial & Student Services

Do you expect to be sponsored? Yes No If yes, by whom _____

Have you received an entrance scholarship?

Yes No If Yes: From _____

Please send me information on:

Day Care Residence
 Prior Learning Assessment Student Financial Assistance

Are you requesting credit through Prior Learning Assessment?

Yes No

Has any member of your family graduated from UCN?*

Yes No If Yes: Who: _____ When: _____

Where did you hear about UCN?*

Family member or friend Career day Newspaper ad
 Radio or television ad Open House Web site
 UCN Academic calendar Other (please specify)

Section E: Declaration

Please read the following information carefully. The declaration must be signed and dated before your application can be submitted. All relevant information (including transcripts from all previous high schools, colleges, and universities attended) must be submitted with this application.

Protection of Privacy

Personal information collected on this form will be used by the University College of the North for admission and registration purposes. It is collected under the general authority of the *UCN Act*, and is protected by the Manitoba *Freedom of Information and Protection of Privacy Act (FIPPA)*.

The information will be used to admit you as a student, assign you a student number, register you in classes and record your grades, create your permanent student record and provide you with student privileges (library, voting in elections and use of recreation facilities). It will also be used for accounting and correspondence purposes related to admission and registration, and may be employed in the determination of eligibility for student awards. Information regarding graduation and awards may be made public. Elements of your personal information may be used for alumni contact purposes. Finally, personal information may be used to conduct research into university college enrolment and related statistical profiling activities.

Your personal information is protected under the *Freedom of Information and Protection of Privacy Act (FIPPA)*. If you have any questions about the collection and use of this information, please contact **FIPPA Coordinator, Box 3000, 436 7th Street, University College of the North, The Pas MB, R9A 1M7, 204-627-8500**. Under the federal *Privacy Act*, individuals can request access to their own individual information held on federal information banks, including those held by Statistics Canada. Students who do not want their information utilized can ask Statistics Canada to remove their identifying information from the national database.

I declare that I have read and understood the information on this application, and that all statements made with respect to this application are true and complete. I agree, if admitted, to comply with the regulations of the University College of the North.

I consent to the disclosure of information on this application to other educational institutions to verify my statements and academic qualifications, and to process my admission to the following institutions: BU, UM and UW.

I understand that any misrepresentation, falsification of documents, or the withholding of requested information with respect to this application can result in cancellation of the acceptance and registration, or dismissal from the college.

I accept that any information on falsified documents may be shared with the Association of Registrars of the Universities and Colleges of Canada.

I authorize my high school/college/university to release my academic record(s) should the need arise to accelerate the processing of this application.

Signature of Applicant: _____

Date: _____

****USE BALL POINT PEN ONLY**

*Optional

Revised December 2016

Leech Printing 256806