

# CONTINUING EDUCATION ADMISSION/REGISTRATION FORM

**PLEASE PRINT AND PRESS FIRMLY • USE BALL POINT PEN ONLY**



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

Fall \_\_\_\_\_ year     
  Spring \_\_\_\_\_ year  
 Winter \_\_\_\_\_ year     
  Summer \_\_\_\_\_ year

LAST NAME (USE FULL LEGAL NAME)												CURRENT MAILING ADDRESS													
												BOX NUMBER OR STREET													
												CITY AND PROV.													
GIVEN NAMES												HOME PHONE ( )		POSTAL CODE											
FORMER NAMES																									
CANADIAN SOCIAL INSURANCE NUMBER												OFFICE PHONE ( )													
1. HAVE YOU PREVIOUSLY REGISTERED WITH UCN? WHEN _____ YEAR												EMAIL ADDRESS													
STUDENT NUMBER												ADMISSION STATUS		REGULAR      MATURE      OTHER _____ (Please circle one)											

COURSES								FOR OFFICE USE ONLY
SPONSORING INSTITUTION (e.g. UC)	DEPT. (e.g. ANS)	COURSE NUMBER (e.g. 1000)	SECTION	COURSE TITLE	TERM	TUITION	PREREQUISITE CONFIRMED	

**SEE THE REVERSE SIDE FOR INSTRUCTIONS AND FOR IMPORTANT INFORMATION REGARDING PERSONAL INFORMATION COLLECTION AND DISCLOSURES.**

STUDENT'S SIGNATURE: \_\_\_\_\_

MO    DAY    YR

• REGISTRATION IS NOT COMPLETE UNTIL FEE PAYMENT OR FEE PAYMENT ARRANGEMENTS HAVE BEEN MADE WITH THE INSTITUTION.  
 • THIS REGISTRATION IS SUBJECT TO ALL RELEVANT UNIVERSITY AND FACULTY OR SCHOOL REGULATIONS AS IN EFFECT DURING THE PERIOD OF THIS REGISTRATION

I hereby authorize the release of admission and course registration documents, attendance reports, progress reports and statements of marks to \_\_\_\_\_, the sponsoring agency. \_\_\_\_\_ Student Initials

DO YOU WISH TO RECEIVE INFORMATION ON FUTURE CONTINUING EDUCATION OFFERINGS?    YES     NO

OFFICE USE ONLY			
FEES	COURSE FEE \$ _____	METHOD OF PAYMENT	FINANCIAL SPONSOR ID _____
	OTHER: \$ _____	<input type="checkbox"/> CHEQUE <input type="checkbox"/> MONEY ORDER	AUTH. TO INVOICE REQUESTED <input type="checkbox"/>
	TOTAL: \$ _____	<input type="checkbox"/> CASH / INTERAC <input type="checkbox"/> CREDIT CARD	
RECEIPT NUMBER _____	ISSUED BY _____	DATE PROCESSED: _____	
			<b>APPROVED FOR PROCESSING</b>
			<b>OFFICE USE ONLY</b>

## Personal Information Collection and Disclosures

### **How we use your personal information:**

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 courses 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.

### **We need your consent to release information to your sponsor or others:**

If you wish to permit UCN to share information about you with your sponsor or anyone else, you must first authorize UCN to do so.

Please fill in the name of the sponsoring agency and initial if you are a sponsored student and your sponsor is entitled to know any of the listed information.

### **We will disclose to Manitoba Finance and Canada Revenue Agency unless you tell us not to:**

University College of the North will provide personal information to Manitoba Finance and the Canada Revenue Agency that is necessary to verify your eligibility for rebates under the Manitoba Tuition Fee Income Tax Rebate program and to administrate and enforce the Income Tax Acts of Manitoba and Canada. Questions about the collection and use of this information should be directed to the Manager, Tax Assistance Office, 809-386 Broadway, Winnipeg, MB R3C 3R6, phone: (204) 948-2115 (toll free outside Winnipeg: 1-800-782-0771) or by email [tao@gov.mb.ca](mailto:tao@gov.mb.ca)

If you do not wish this personal information to be released, contact Enrolment Services at (204) 627-8648.

### **Questions?**

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 the **FIPPA Coordinator, Box 3000, 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.