REGISTRATION FORM

PLEASE PRINT AND PRESS FIRMLY • USE BALL POINT PEN ONLY

UNIVERSITY COLLEGE OF THE NORTH

Return completed 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 (20) _____ year ☐ Spring (40) _____ year

☐ Winter (30) _____ year ☐ Summer (10) _____ year

LAST NAME (USE FULL LEGAL NAME)

GIVEN NAMES

FORMER NAMES

BIRTHDATE MO DA YR

MARITAL STATUS (FOR STATISTICAL PURPOSE ONLY)

HIGH SCHOOL MET (MANITOBA EDUCATION) NUMBER

CURRENT MAILING ADDRESS

BOX NUMBER OR STREET

CITY AND PROV.

HOME PHONE ( )

POSTAL CODE

CELL PHONE ( )

EMAIL ADDRESS

HOME UNIVERSITY _____

ADMISSION STATUS REGULAR MATURE OTHER _____ (Please circle one)

REGISTRATION

1. HAVE YOU PREVIOUSLY REGISTERED WITH (Please circle all that apply)
UCN IUN/IUS NONE
WHEN _____ YEAR

2. SINCE YOUR LAST REGISTRATION HAVE YOU REGISTERED AT AN OUT OF PROVINCE INSTITUTION? YES OR NO (PLEASE CIRCLE ONE)

HAVE YOU REGISTERED AT:		STUDENT NUMBER		STUDENT NUMBER
UCN/IUN	☐ YES ☐ NO		UNIVERSITY OF MANITOBA ☐ YES ☐ NO	
BRANDON UNIVERSITY	☐ YES ☐ NO		UNIVERSITY OF WINNIPEG ☐ YES ☐ NO	
OTHER	☐ YES ☐ NO			

NAME OF CERTIFICATE, DIPLOMA, DEGREE SOUGHT: _____ | MAJOR 1 | MINOR 1

COURSES

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

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

FAILURE TO SIGN AND PROVIDE TRUE, CORRECT AND COMPLETE INFORMATION MAY RESULT IN REJECTION/CANCELLATION OF THIS AND SUBSEQUENT REGISTRATION FORMS.

STUDENT'S SIGNATURE: _____ MO DAY YR

FACULTY APPROVAL: _____

- FACULTY SIGNATURE(S) DOES NOT CERTIFY ELIGIBILITY TO GRADUATE.
- MEETING PROGRAM OR DEGREE REQUIREMENTS IS THE STUDENT'S RESPONSIBILITY.
- 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 statement of marks among UCN, ACC, IUS, CMB, UM, UW, BU, and between the aforementioned and _____, the sponsoring agency. _____ Student Initials

OFFICE USE ONLY

FEES
TUITION: $ _____
LAB & MATERIALS: $ _____
OTHER: $ _____
SAC: $ _____
TOTAL: $ _____
DEPOSIT: $ _____
BALANCE: $ _____

METHOD OF PAYMENT
☐ CHEQUE
☐ CASH / INTERAC
☐ MONEY ORDER
☐ CREDIT CARD

RECEIPT NUMBER _____
ISSUED BY _____

FINANCIAL SPONSOR ID _____

AUTH. TO INVOICE REQUESTED ☐
RECEIVED ☐

DATE PROCESSED:

APPROVED FOR PROCESSING

OFFICE USE ONLY

WHITE - UCN COPY YELLOW - FINANCE COPY PINK - STUDENT'S COPY