

## ENROLMENT / MODIFICATION OF ENROLMENT

### SPECIAL STUDENT AND AUDITOR

- Before completing this form, carefully read the regulations pertaining to the special student or auditor categories.
- Do not write in shaded areas.
- The term "credit" is replaced by "unit" in English texts only, except in expressions such as "credit transfer" or "advanced standing credit" that are commonly used throughout Ontario universities.
- Notice of Collection of Personal Information: Your personal information is collected under Saint Paul University Policy ADM-11 8 Access to Information and Protection of Privacy, in compliance with the Ontario Freedom of Information and Protection of Privacy Act. If you have any further questions, please contact the Secretary General at [sec\\_gen@ustpaul.ca](mailto:sec_gen@ustpaul.ca).

**NOTE:** In this document, masculine pronouns are used when no gender indicated.

## TRIMESTRE

FALL  WINTER  SPRING/SUMMER \_\_\_\_\_  
YEAR

## LAST NAME

## FIRST NAME

## MIDDLE NAME

## SEX

MALE  FEMALE  OTHER (SPECIFY) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_  
YEAR / MO. / DAY

HAVE YOU EVER SUBMITTED AN ADMISSION APPLICATION OR STUDIED EITHER AT SAINT PAUL UNIVERSITY OR THE UNIVERSITY OF OTTAWA?  
(BOTH UNIVERSITIES USE THE SAME STUDENT NUMBER.)

YES  NO

**IF YES, PLEASE PROVIDE YOUR STUDENT NUMBER:**

## FIRST LANGUAGE

ENGLISH  FRENCH  
 OTHER (SPECIFY) \_\_\_\_\_

## LANGUAGE OF CORRESPONDENCE

ENGLISH  FRENCH  
 OTHER (SPECIFY) \_\_\_\_\_

## IN WHICH LANGUAGE WOULD YOU LIKE TO STUDY?

ENGLISH  FRENCH

## STATUS IN CANADA

## COUNTRY OF BIRTH

## COUNTRY OF CITIZENSHIP

IF YOUR COUNTRY OF BIRTH IS OTHER THAN CANADA, WHAT WILL YOUR STATUS BE IN CANADA AT THE TIME OF ENROLMENT?

- CANADIAN CITIZEN (PROOF REQUIRED)  
 PERMANENT RESIDENT (PROOF REQUIRED)  
 DIPLOMAT (PROOF REQUIRED)  
 REFUGEE AS PER CONVENTION (PROOF REQUIRED)  
 STUDENT PERMIT  
 OTHER (PROOF REQUIRED)

**NOTE:** ENROLMENT CANNOT BE CONFIRMED UNLESS PROOF OF LEGAL STATUS HAS BEEN PROVIDED TO THE OFFICE OF THE REGISTRAR. PLEASE SEND YOUR PROOF OF LEGAL STATUS BY EMAIL TO [REGISTRAIRE@USTPAUL.CA](mailto:REGISTRAIRE@USTPAUL.CA).

**PERMANENT ADDRESS**

NO. AND STREET  APT.

CITY  PROVINCE

COUNTRY  POSTAL CODE

PHONE NO.  MOBILE NO.

EMAIL

**MAILING ADDRESS** (IF DIFFERENT FROM PERMANENT ADDRESS)

NO. AND STREET  APT.

CITY  PROVINCE

COUNTRY  POSTAL CODE

**CONTACT IN CASE OF EMERGENCY: NAME**

PHONE NO.  EMAIL

**SPECIAL STUDENT**  
(COURSE WITH UNIVERSITY UNITS)

PLEASE CHECK **ONE** BOX IF YOU WISH TO ENROLL AS A SPECIAL STUDENT

- PERSONAL INTEREST:**  
Maximum of 6 units per term and a cumulative total of 30 units, including the present enrolment request.
- PROFESSIONAL CERTIFICATION:**  
Indicate the name of the association to which you are applying:
- IMPROVING ACADEMIC STANDING:**  
Applicable to students who have been withdrawn from their faculty. Maximum of 12 units per term; the cumulative total cannot exceed 30 units.
- UPGRADING:**  
Attach an official transcript as proof of university degree obtained. Maximum of 12 units per term; the cumulative total cannot exceed 30 units.
- GIFTED STUDENT:**  
Maximum of 3 units per term and a cumulative total of 6 units, including the present enrollment request. Please attach a letter of recommendation from your high school.
- OTHER:**   
Consult academic regulation I-1: *Categories and status of undergraduate students* for the other categories.
- GRADUATE STUDIES:**  
Please attach an official transcript as proof of university degree. All requests must be approved by the academic unit.

**AUDITOR**  
(COURSE WITHOUT UNIVERSITY UNITS)

- UNDERGRADUATE COURSE AUDITOR**
- GRADUATE COURSE AUDITOR:**  
Please attach a transcript as proof of university degree. All requests must be authorized by the academic unit.

**COURSE SELECTION** (ENROLMENT IN COURSES IS NOT OFFICIAL UNTIL APPROVED BY THE UNIVERSITY)

**COURSE TO ADD**

COURSE CODE LETTERS - NUMBERS	SECTION	AUTHORIZATION AND/OR COMMENTS
ABC 1234	A00	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**COURSE TO WITHDRAW FROM**

COURSE CODE LETTERS - NUMBERS	SECTION	AUTHORIZATION AND/OR COMMENTS
ABC 1234	A00	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

I agree to pay the fees arising from this enrolment. Any unpaid fees will be owed to Saint Paul University unless I inform the University IN WRITING of my intent to cancel my enrolment prior to the deadline for full refund as specified under the academic dates and deadlines found in the sessional calendar on the University website.

I have read and understood the regulations and directives pertaining to special students and/or auditors. I certify that the above information is true and complete, including my declaration of citizenship and status in Canada. Any false declaration on my part will result in the cancellation of my enrolment. I agree to abide by all regulations of Saint Paul University.

DATE

YEAR / MO. / DAY

SIGNATURE