UNIVERSITÉ SAINT·PAUL UNIVERSITY

OFFICE OF THE REGISTRAR

223 MAIN STREET, OTTAWA (ONTARIO) CANADA K1S 1C4 **ustpaul.ca**

ENROLMENT / MODIFICATION OF ENROLMENT
NON-DEGREE STUDENT AND AUDITOR

- Before completing this form, carefully read the regulations pertaining to the non-degree 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 con tact the Secretary General at **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**.

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

NON-DEGREE STUDENT
(COURSE WITH UNIVERSITY UNITS)

PLEASE CHECK **ONE** BOX IF YOU WISH TO ENROLL AS A NON-DEGREE 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 (ABC 1234)	SECTION (A00)	AUTHORIZATION AND/OR COMMENTS

COURSE TO WITHDRAW FROM

COURSE CODE LETTERS - NUMBERS (ABC 1234)	SECTION (A00)	AUTHORIZATION AND/OR COMMENTS

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 non-degree 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

X