



Application for the University of Winnipeg

Academic Program

Application Type: Visiting (you are currently enrolled at another institution and would like to take courses on a Letter of Permission)

Academic Level: Undergraduate

Faculty

☐ Arts ☐ Business and Economics ☐ Kinesiology ☐ Science

Academic Term

☐ Winter 20_____ (Jan-April) ☐ Fall 20_____ (Sept-Dec) ☐ Summer 20_____ (May-Aug)

Student Information

Legal First/Given Name _____

Legal Middle Name(s) _____

Legal Last/Family Name _____

☐ I confirm this is my legal/official name, as it should appear on my official student record.

Have you changed your name? (for example, you have added a name or been married)

☐ No ☐ Yes, previous name _____

Do you have a preferred/chosen name? _____

Gender _____

Birth Date (YYYY/MM/DD) _____

Citizenship Information

Country of Citizenship _____

Have you ever had a Canadian study permit in the past? ☐ Yes ☐ No

Accessibility Services

Accessibility Services offers support services and resources for students with disabilities or medical conditions.

Would you like to be contacted with more information? ☐ Yes ☐ No

Languages

Primary Language _____

Contact Information

Email Address _____

Address Country _____

Street Address _____

Postal Code _____

City _____

Emergency Contact

Who should we contact in case of an emergency?

Emergency Contact Information will only be used by University officials for the purpose of contacting an individual on your behalf in case of emergency. An emergency situation is any situation that puts a student at risk, such as when a student is sent to hospital for a serious injury or illness, or when a student's personal safety or the safety of others is believed to be at risk.

First Name _____

Last Name _____

Phone Number _____

Email Address _____

Relationship _____

Agency Information

Agency Name: College Contact GmbH

Agent Name: Stefanie Adler

Agent Email Address: sadler@college-contact.com

Educational History

Previous UWinnipeg Education

Have you ever applied to or been registered with The University of Winnipeg? ☐ Yes ☐ No

Home University

Have you applied for a Letter of Permission from your Home University? ☐ Yes ☐ No

Home University Country _____

Home University _____

Home University Start Date (MM/YYYY) _____

Application Fee Payment (\$120 CAD)

Method of Payment: ☒ Credit/Bank Card

Credit/Bank Card

Cardholder's Name: _____

Credit Card Billing Address: _____

Credit Card Number: _____

CVV2: _____

Credit Card Type:

☐ Visa

☐ Mastercard

☐ American Express

Expiration Date (MM/YYYY): _____

Cardholder's email address: _____

Cardholder's Signature: _____

Declaration

I declare that all statements made with respect to this application are true and complete, that all records are complete and unaltered, and that accepting this declaration permits The University of Winnipeg to request, confirm, and/or share any necessary information with other educational institutions to support my Application. If enrolled in a joint program, I authorize The University of Winnipeg to share my academic record with partner institutions. If accepted to The University of Winnipeg, I agree to follow University regulations.

☐ Yes ☐ No

Do you accept this declaration?

I accept that misinterpretation, falsification of documents, or the withholding of requested information with respect to this application can result in cancellation of my acceptance and registration or dismissal from the University and that any information on falsifications may be shared with the Association of Registrars of the Universities and Colleges of Canada, Immigration, Refugees and Citizenship Canada (IRCC) and/or other post-secondary institutions. I accept that The University of Winnipeg may be verifying my documentation with the issuing body and may share my application status and supporting documentation with Immigration, Refugees and Citizenship Canada (IRCC).

☐ Yes ☐ No

Do you certify the following?

Your personal information is collected by the University of Winnipeg to process your application for admission. It may also be processed for registration, scholarships, awards and financial aid, student records, alumni services, research and statistics, housing, communicating with you, preparing your accounts, and other activities related to membership in the University community. Your personal information may be disclosed to third parties including relevant student associations, other educational institutions, and government authorities. For more information regarding the processing of the personal information collected on this application, visit <https://www.uwinnipeg.ca/privacy/admissions-privacy-notice.html>. Your personal information is collected under the University of Winnipeg Act and 36(1)(b) of the Freedom of Information and Protection of Privacy Act.

Questions regarding privacy may be directed to the University's Senior Information and Privacy Officer at da.elves@uwinnipeg.ca or visit <https://www.uwinnipeg.ca/privacy/contact.html>.

☐ Yes ☐ No

☐ I certify that all the information I am providing in the application is true to the best of my knowledge. I verify all is true and correct.

☐ I hereby permit College Contact to submit the information which I have provided on this form to Brock University via an electronic online application form created and maintained by Brock University.

Date _____ Signature _____