

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-118 Access to Information and Protection of Privacy, in compliance with the Ontario’s Freedom of Information and Protection of Privacy Act. If you have any further questions, please contact the Secretary General at sec_gen@ustpaul.ca.

<p>TERM Fall <input type="radio"/> Winter <input type="radio"/> Spring/Summer <input checked="" type="radio"/> Year 2022</p> <p>Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Last name _____ First name _____ Middle name _____</p> <p>SEX Male <input type="radio"/> Female <input type="radio"/> Other <input type="radio"/></p> <p>DATE OF BIRTH _____ Year/Month/Day</p>	<p>Have you ever submitted an admission application or studied either at Saint Paul University or University of Ottawa?</p> <p>YES <input type="radio"/> NO <input type="radio"/></p> <p>If so, please provide your student number : _____</p>
<p>MOTHER TONGUE French <input type="radio"/> English <input type="radio"/> Other (specify) <input type="radio"/> _____</p> <p>In which language would you like to study? French <input type="radio"/> English <input type="radio"/></p>	<p>LANGUAGE OF CORRESPONDENCE French <input type="radio"/> English <input type="radio"/> Other (specify) <input type="radio"/> _____</p>
<p>STATUS IN CANADA</p>	
<p>Country of birth _____ Country of citizenship _____</p>	<p>If your country of birth is other than Canada, what will be your status at time of enrolment?</p> <p>Canadian citizen (proof required) <input type="radio"/> Permanent resident (proof required) <input type="radio"/> Diplomat (proof required) <input type="radio"/> Refugee as per convention (proof required) <input type="radio"/> Student permit <input type="radio"/> Other (proof required) <input type="radio"/></p> <p>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 registrar@ustpaul.ca</p>
<p>PERMANENT ADDRESS No. and Street _____ Apt. _____ City _____ Province _____ Country _____ Postal Code _____</p> <p>Tel. number home : _____ Tel. number mobile : _____</p> <p>Email : _____</p>	<p>MAILING ADDRESS (if different from permanent address) No. and Street _____ Apt. _____ City _____ Province _____ Country _____ Postal Code _____</p> <p>Contact in case of emergency Name : _____ Telephone : _____ Email : _____</p>

SPECIAL STUDENT
(course with university units)

Please check **one** box if you wish to enroll as 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 that have been withdrawn from their faculty.
Maximum of 12 units per term and the cumulative cannot exceed 30 units.

Upgrading :
Attach an official transcript as proof of university degree obtained.
Maximum of 12 units per term and the cumulative cannot exceed 30 units.

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
(without university units)

Auditor : undergraduate course.

Auditor : graduate course. Please attach a transcript as proof of university degree. All requests must be authorized by the academic unit.

COURSE SELECTION
(Enrolment to courses is not official until approved by the University.)

Course to add :

Course code	Authorization and/or comments
Letters – Numbers Section	
ABC 1234	
ECS 3130 WS00	

Course to withdraw :


Course code	Authorization and/or comments
Letters – Numbers Section	
ABC 1234	

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 _____

Signature _____



**UNIVERSITÉ
SAINT-PAUL
UNIVERSITY**