



**APPLICATION FOR
ADMISSION & REGISTRATION
FOR VISITING STUDENTS**

*UNIVERSITY OF REGINA STUDENT
IDENTIFICATION NUMBER
(if applied to U of R previously and issued an ID)*

Visiting students are from a recognized post-secondary institution other than the University of Regina and are taking courses for credit towards a program at their home institution. A letter of permission from the home institution is required. The letter of permission can be provided with this form or sent directly to the Office of the Registrar, University of Regina, Regina, SK S4S 0A2. FAX (306) 585-5203. Please submit with a non-refundable \$100.00 application fee (see section 3 below). For more information on the Visiting Student Program please contact (306) 585-4114 or email: distance.registration@uregina.ca.

SECTION 1: PERSONAL INFORMATION			
Full legal name, with last or family name first		<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. Other <input type="checkbox"/> _____	
Preferred name (if different from legal first name)		Previous name (if applicable)	
Current mailing address – Apt #, Street or Box #			
City or Town	Province	Country	Postal Code
E-mail	Emergency Contact/Next-of-Kin	Relationship	Phone Number
Phone: Home ()		Fax: <input type="checkbox"/> Home <input type="checkbox"/> Work ()	
Phone: Cell ()		Home Institution	

Canadian Citizen ☐ Permanent Resident ☐ Other: _____ Nation of Birth: _____ First language: _____
Country of Citizenship: _____

SECTION 2: COURSE REQUESTS							
Maximum course load is 15 credit hours							
FALL (Sept.–Dec.) <input type="checkbox"/>	WINTER (Jan.–Apr.) <input type="checkbox"/>	SPRING (May–Aug.) <input type="checkbox"/>	YEAR <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				

OFFICE USE ONLY		
Date Completed:	Admit Code:	Decision Code:
Comments:		