UNIVERSITY OF CALGARY

VISITING STUDENT APPLICATION AND REGISTRATION

OFFICE OF THE REGISTRAR
2500 University Dr. N.W.
Calgary, Alberta, Canada T2N 1N4
Telephone: (403) 220-5517
Fax: (403) 289-1253
Email: reginfo@ucalgary.ca

1 INSTRUCTIONS

A "visiting student" is one who is admitted to the University of Calgary to take courses to transfer to a degree program at another recognized instituition.

This form is used for both application and registration. Upon receipt of the completed form and the items noted below, your eligibility as a visiting student will be determined. Approval of your course selection will then be sought from the Faculty concerned. Visiting students must register in person, via mail or via fax with the Office of the Registrar.

1. Complete this form carefully and completely.
2. Complete the credit card information or enclose a cheque or money order for the $100.00 registration deposit (or fees in full). If you have not previously attended this University, you must also enclose a $35.00 application fee. Fees are payable in Canadian funds only.
3. Enclose a **letter of permission** from your home institution granting approval for all courses you have selected.
4. Enclose a **transcript** showing courses completed at your home institution.
5. To ensure timely processing, students are encouraged to submit the completed form, with enclosures, to the Office of the Registrar at least **two weeks prior** to the registration deadline for the Session applied to as noted in the University's Academic Schedule.
6. Visiting students are subject to the University's English Language Proficiency requirements as defined in the Academic Regulations section of the University Calendar (www.ucalgary.ca/pubs/calendar).
7. It is the student's responsibility to request an official transcript for their home instituition upon completion of their studies at the University of Calgary.

No form will be accepted unless accompanied by all required items. Please print clearly.

2 Have you ever applied to the University of Calgary or registered as an Unclassified or Visiting Student?

☐ No ☐ Yes (state I.D. number)

3 I.D. NUMBER

4 Have you ever been required to withdraw from a faculty, program or post secondary institution for academic reasons?

☐ No ☐ Yes (state institution and date) yr. mo

5 SESSION(S) OF APPLICATION/REGISTRATION

☐ Fall _____(Sept.-Dec.) ☐ Spring _____(May-June)
☐ Winter _____(Jan.-Apr.) ☐ Summer _____(July-Aug.)

6 NAME AND CURRENT ADDRESS

Surname Given Names

Street (or Box Number)*

City or Town Province

Postal Code Bus. Tel. Home Tel.

Email

*If box number given above, indicate address of your residence.

▷

Do you wish to be contacted by the Disability Resource Centre? (Completion of this section is optional)
☐ Yes ☐ No

7 FUTURE ADDRESS EFFECTIVE DATE _____

Street

City or Town Province

Country Postal Code Telephone

8 PERSONAL AND STATISTICAL INFORMATION

MUST BE COMPLETED FOR GOVERNMENT STATISTICS

Previous Name (if applicable) Birth Date y m d Sex ☐ Male ☐ Female

Marital Status ☐ Married ☐ Not Married

Immigration Status ☐ Canadian Citizen ☐ Landed Immigrant ☐ Visa

Country of Citizenship (if not Canada) Date Landed y m d

FACULTY/DEPARTMENT OR OFFICE OF THE REGISTRAR RULING

Faculty Major

Signature y m d Year Adm. St.

9 HOME INSTITUTION

Name and address of degree-granting institution to which credit will be transferred.

Faculty at home institution which will award your degree.

10 COURSE SELECTION

F-Fall W-Winter P-Spring S-Summer (Leave BLANK for courses offered over both sessions)

Ses.	Course Name (Abbrev.)	Course Number	Preferred Section Numbers Lec.	Lab.	Tut.
		•			
		•			
		•			
		•			
		•			
		•			
		•			
		•			
		•			
		•			
		•			
		•			
		•			
		•			
		•			
		•			

11 STUDENT'S SIGNATURE

I understand that my course selection is subject to approval, as well as being subject to availability of courses and selections as determined by the Office of the Registrar.

If granted an award, I authorize the Student Awards and Financial Aid Office to release pertinent information to the donor of the award and provincial funding bodies.

I hereby agree to pay my fees by the appropriate deadlines, whether or not I have received a fee statement. (Details of fees are in the University Calendar.)

I agree to comply with the regulations of the University of Calgary as outlined in the University Calendar.

☐ I authorize payment using credit card information provided.

Signature y m d

When submitting form by mail or fax, complete the following for credit card payment:

☐ MASTERCARD ☐ VISA

CARD #

EXPIRY DATE

AMOUNT OF PAYMENT * •

* INCLUDES APPLICATION FEE
Yes ___ N/A ___

RO 04/06

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act and the Federal Statistics Act. It is required to register and record course selection. Financial Information is required for authorization to credit company. I authorize release of education information to Home Institution. If you have any questions about the collection or use of this information please contact the Registrar at (403) 220-5510.