



APPLICATION FOR ADMISSION & REGISTRATION FOR ACCELERATED STUDENTS

UNIVERSITY OF REGINA USER IDENTIFICATION NUMBER

Grid for User Identification Number

Accelerated students are currently in a Saskatchewan high school and want to take one university level course per term. This application can be submitted to your high school or sent directly to the Student and Instructor Services Unit, Centre for Continuing Education, College Bldg. Rm. 104, Phone: (306) 585-5807, Fax: 585-5825 email: cce.studentservices@uregina.ca.

SECTION 1: PERSONAL INFORMATION. Fields include: Legal Last/Family Name, Legal First Name, Legal Middle Name, Preferred name, Previous name, Current mailing address, City or town, Province, Country, Postal Code, E-mail, Emergency Contact/Next-of-Kin, Relationship, Phone Number, Gender, Birth date, and Home Institution.

Gender: Male [ ] Female [ ] Birth date (eg. 06-Jan-1980) DD-MON-YEAR

Citizenship: Canadian Citizen [ ], Permanent Resident [ ], Other: \_\_\_\_\_, Nation of Birth: \_\_\_\_\_, First language: \_\_\_\_\_

Have you previously applied to or attended the University of Regina (credit or non-credit)? No [ ] Yes [ ] Student ID Number: \_\_\_\_\_

SECTION 2: COURSE REQUESTS. Maximum course load is 3 credit hours. FALL (Sept.-Dec.) [ ], WINTER (Jan.-Apr.) [ ], SPRING (May-Aug.) [ ], YEAR: \_\_\_\_\_

Table with columns: Reg. Status, CRN/Location, Subject, Course Number, Section, POT, Grade Mode, Credit Hours, Days, Start Time, End Time. Includes a Total Credit Hours row.

I CERTIFY THAT ALL QUESTIONS HAVE BEEN ANSWERED IN FULL AND THE INFORMATION PROVIDED IS CORRECT AND COMPLETE. I AGREE TO ABIDE BY UNIVERSITY OF REGINA RULES AND REGULATIONS. I UNDERSTAND THAT OTHERWISE MY ADMISSION TO OR REGISTRATION AT THIS UNIVERSITY MAY BE REVOKED.

SPECIAL PROJECT CREDIT WAIVER (Note: If this portion of the form is not completed, the University of Regina will not release this student's marks.) FOR THE PURPOSE OF BEING GRANTED DUAL CREDIT BY THE MINISTRY OF EDUCATION, I AGREE THAT THE UNIVERSITY OF REGINA MAY RELEASE THE FINAL MARK GRANTED IN THE ABOVE-NAMED COURSE WITH MY SCHOOL DIVISION AND THE MINISTRY OF EDUCATION FOR THE FOLLOWING HIGH SCHOOL COURSE CREDIT: [ ] SPECIAL PROJECT CREDIT 30 [ ] SPECIAL PROJECT CREDIT 20

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

The University of Regina collects and creates information about students under the authority of The University of Regina Act and in accordance with the Local Authority Freedom of Information and Protection of Privacy Act and the Personal Information Protection and Electronic Documents Act for purposes of admission, registration, and other decisions on students' academic status, and the administration of the University and its programs and services. Some of this information may be disclosed to the relevant students' society and alumni association, and will be reported as required by federal or provincial authority. By enrolling in courses at the University of Regina, students consent to the collection, use and disclosure of personal information as described above.

OFFICE USE ONLY. Fields include: Date Completed, Admit Code, Decision Code, Comments.

## STUDENT APPROVALS

Applicants who are currently enrolled in high school or as home-based learners (minimum age 16) may be admitted to the University to take one course per term (semester). Applicants must submit to Student and Instructor Services, Centre for Continuing Education, a completed Application for Admission & Registration for Accelerated Students Form ([cce.studentservices@uregina.ca](mailto:cce.studentservices@uregina.ca)) with signed approval from their high school or (for home-based learners) a signature of approval from their main educator with each term (semester). By signing this form, applicants also authorize their high schools to act on their behalf regarding their UR Accelerated Admission and Registration.

### HIGH SCHOOL STUDENTS:

Name of High School: \_\_\_\_\_

Name of Principal/Guidance Counselor \_\_\_\_\_

I hereby approve that \_\_\_\_\_ be permitted to take an Accelerated course.  
STUDENT'S NAME

\_\_\_\_\_  
PRINCIPAL/COUNSELOR SIGNATURE

\_\_\_\_\_  
DATE

### HOME-BASED LEARNERS:

Name of main educator: \_\_\_\_\_

I hereby approve that \_\_\_\_\_ be permitted to take an Accelerated course.  
STUDENT'S NAME

\_\_\_\_\_  
MAIN EDUCATOR'S SIGNATURE

\_\_\_\_\_  
DATE