

Faculty of Engineering

Application for Microprogram in Cybersecurity

STUDENT IDENTIFICATION															
SURNAME				GIVEN NAMES				STUDENT NUMBER							
EMAIL			ACADEMIC UNIT/DISCIPLINE				COTUTELLE	DIPLOMA		MASTER'S		PH.D.			
PREVIOUS SURNAME IF APPLICABLE															
SEX	MALE	FEMALE	DATE OF BIRTH		YEAR	MONTH	DAY	MARITAL STATUS		SINGLE, DIVORCED, WIDOWED	MARRIED, SEPARATED	OTHER	SOCIAL INSURANCE NUMBER		
MOTHER TONGUE		FRENCH	ENGLISH	OTHER	LANGUAGE OF CORRESPONDENCE			FRENCH	ENGLISH	PREFERRED LANGUAGE OF INSTRUCTION ?		FRENCH	ENGLISH		
COUNTRY OF BIRTH				COUNTRY OF CITIZENSHIP				IF NOT CANADIAN BY BIRTH, INDICATE DATE OF ARRIVAL IN CANADA				YEAR	MONTH	DAY	
IF NON-CANADIAN, SPECIFY YOUR CURRENT STATUS						PERMANENT RESIDENT	STUDY PERMIT	OTHER (SPECIFY)			PROGRAM OF STUDIES AND INSTITUTION OR OCCUPATION ON DECEMBER 1 st LAST YEAR				
PERMANENT ADDRESS															
N° AND STREET				CITY				PROVINCE							
COUNTRY		POSTAL CODE		TEL. N°		EFFECTIVE DATE OF PERMANENT ADDRESS				YEAR	MONTH	DAY			
SAME AS PERMANENT ADDRESS						MAILING ADDRESS									
N° AND STREET				CITY				PROVINCE							
COUNTRY		POSTAL CODE		TEL. N°		EFFECTIVE DATE OF MAILING ADDRESS				YEAR	MONTH	DAY			

- I HEREBY AGREE TO PAY THE FEES ARISING FROM THIS REGISTRATION AND RECOGNIZE THAT I SHALL REMAIN INDEBTED OF ANY UNPAID FEES UNLESS I INFORM MY ACADEMIC UNIT **IN WRITING** (LETTER APPROPRIATE FORM) OF MY INTENT TO CANCEL MY REGISTRATION PRIOR TO THE DEADLINE FOR FULL REFUNDS.

- 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 REGISTRATION. I AGREE TO ABIDE BY ALL REGULATIONS OF THE FACULTY OF GRADUATE AND POSTDOCTORAL STUDIES AND OF THE UNIVERSITY OF OTTAWA.

DATE

SIGNATURE (STUDENT)