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ENROLMENT - UNDERGRADUATE

DO NOT WRITE IN SHADED AREAS. PLEASE PRINT.

TERM FALL WINTER SPRING / SUMMER SUMMER YEAR _____ STUDENT NO. _____

MR., MRS., MISS, MS., DR. LAST NAME FIRST NAME MIDDLE NAME

PREVIOUS SURNAME (IF APPLICABLE)

PERMANENT ADDRESS C/O (IF APPLICABLE) E-MAIL @uOttawa.ca

NO. & STREET CITY

PROVINCE COUNTRY POSTAL CODE

TEL. NO. TEL. NO. AT WORK EFFECTIVE DATE OF PERMANENT ADDRESS

LOCAL MAILING ADDRESS SAME AS PERMANENT ADDRESS OR C/O (IF APPLICABLE)

NO. & STREET CITY

PROVINCE COUNTRY POSTAL CODE

TEL. NO. EFFECTIVE DATE OF LOCAL MAILING ADDRESS

NEXT OF KIN NAME RELATIONSHIP

ADDRESS POSTAL CODE TEL. NO.

PERSON TO CONTACT IN CASE OF EMERGENCY NAME RELATIONSHIP TEL. NO.

SEX MALE FEMALE DATE OF BIRTH MARITAL STATUS SINGLE MARRIED OTHER

MOTHER TONGUE FRENCH ENGLISH OTHER (SPECIFY) LANGUAGE OF CORRESPONDENCE FRENCH ENGLISH PREFERRED LANGUAGE OF INSTRUCTION? FRENCH ENGLISH

COUNTRY OF BIRTH COUNTRY OF CITIZENSHIP IF NON-CANADIAN, INDICATE DATE OF ENTRY INTO CANADA

IF NON-CANADIAN, SPECIFY YOUR CURRENT STATUS PERMANENT RESIDENT STUDY PERMIT DIPLOMAT REFUGEE OTHER (SPECIFY)

PROGRAM OF STUDIES AND INSTITUTION OR OCCUPATION ON DEC. 1 LAST YEAR

FACULTY DEPARTMENT

DEGREE SOUGHT (PROGRAM OF STUDIES)

CLASSIFICATION FULL-TIME PART-TIME CAMPUS TRANSFER OF CREDITS

COURSE CODE							SECTION	LABORATORY (LAB)	DISCUSSION GROUP (DGD)	AUDITOR (AUD)	REP. (✓)	FOR FACULTY USE ONLY	REGISTRATION CONDITIONS <input type="checkbox"/> YES <input type="checkbox"/> NO	COURSE CODE							SECTION	LABORATORY (LAB)	DISCUSSION GROUP (DGD)	AUDITOR (AUD)	REP. (✓)	FOR FACULTY USE ONLY	
LETTERS			NUMBERS											LETTERS			NUMBERS										
1	2	3	4	5	6	7	8	9	10	11				1	2	3	4	5	6	7	8	9	10	11			
A	B	C	1	2	3	4																					

NOTE
YOUR REGISTRATION IS NOT OFFICIAL UNTIL APPROVED BY THE FACULTY.

I AGREE TO PAY THE FEES ARISING FROM THIS REGISTRATION AND AGREE THAT I WILL OWE ANY UNPAID FEES TO THE UNIVERSITY OF OTTAWA UNLESS I INFORM THE UNIVERSITY IN WRITING (VIA LETTER OR APPROPRIATE FORM) OF MY INTENT TO CANCEL MY REGISTRATION PRIOR TO THE DEADLINE FOR FULL REFUNDS AS SPECIFIED UNDER THE IMPORTANT ACADEMIC DATES AND DEADLINES ON THE UNIVERSITY WEBSITE.

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 UNIVERSITY OF OTTAWA.

FOR FACULTY USE (UNIVERSITY OF OTTAWA)

YEAR MONTH DAY SIGNATURE (DEPARTMENT)

YEAR MONTH DAY SIGNATURE (FACULTY)

FINANCIAL ACCOUNT VERIFIED

YEAR MONTH DAY SIGNATURE (STUDENT)

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Fax: 613-562-5323 | infoservice@uOttawa.ca

