

APPLICATION FOR OPEN STUDIES/VISITING STUDENTS

www.ucalgary.ca/admissions/process/open

ENROLMENT SERVICES
MLB 117, 2500 University Drive N.W.
Calgary, Alberta, Canada T2N 1N4
Telephone: (403) 210-7625
Fax: (403) 289-1253

1. Have you ever applied to or registered at the University of Calgary?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (state UCID#)	
2. UCID NO.	3 ALBERTA STUDENT NO. *

*To find your **Alberta Student Number (ASN)** please visit: www.education.alberta.ca/students/asn.aspx

4. PROGRAM OF CHOICE	
<input type="checkbox"/> Open Studies <input type="checkbox"/> Visiting Student	
*Official Transcripts are required for all applications	

5. ENROLMENT TERM	
<input type="checkbox"/> Fall (Sept.-Dec.) <input type="checkbox"/> Winter (Jan.-Apr.)	
<input type="checkbox"/> Spring (May-June) <input type="checkbox"/> Summer (July-Aug.)	

6. VISITING STUDENTS*	
Name of home institution: _____	
Country: _____	
*Visiting students must submit a Letter of Permission from your home institution and a current transcript.	

7. If you wish to declare Aboriginal Ancestry, please indicate:	
<input type="checkbox"/> Status/First Nations <input type="checkbox"/> Non-Status/First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit	
Your Status/Metis/Inuit Registration number/ID: _____	

8. PERSONAL INFORMATION	
Date of Birth (yyyy/mm/dd)	Gender <input type="checkbox"/> M <input type="checkbox"/> F

9. CITIZENSHIP	
Citizenship Status	
<input type="checkbox"/> Canadian <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Visa <input type="checkbox"/> Refugee <input type="checkbox"/> Diplomat	
Country of Citizenship:	

SIGNATURE REQUIRED	
<p>I hereby declare that all information given on this application is true and complete. I understand that completion of this application allows the University of Calgary to request from other institutions any applicant's transcripts in addition to those already submitted. I understand that the University of Calgary reserves the right to cancel any admission ruling on medical or other grounds. I also understand that any misrepresentation on my part may result in cancellation of my admission or registered status. If admitted, I shall comply with the rules and regulations of the Institution and agree to any penalty assessed for non-compliance with same.</p>	
Student Signature: _____	Date: _____

10. NAME AND CURRENT MAILING ADDRESS		
Surname (Family Name)	Given Name	
Previous Name (if applicable)	Middle Name	
Street		
City of Town	Province/Country	
Postal Code	Primary Phone	Alternate Phone
Email		
Permanent Address (if different from current mailing address)		
Street		
City of Town	Province/Country	
Postal Code		

11. PREVIOUS EDUCATION			
Previous or current High school attendance (Grade 10, 11, and 12)			
Name of School	Location (city, prov, country)	Years attended (mm/yy TO mm/yy)	
		TO	
		TO	
Previous or current Post-secondary attendance.			
Name of School	Location (city, prov, country)	Years attended (mm/yy TO mm/yy)	Degrees awarded
		TO	
		TO	
		TO	
		TO	

12. \$35 APPLICATION FEE (non refundable)	
<p>Cheque or money order payments made out to the University of Calgary must be included when mailing this application (<i>Post-dated cheques are not accepted</i>). Credit card payments are available when submitting this application by fax or mail. Please complete the following:</p>	
<input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> Cheque/Money Order Attached	
CARD NUMBER	
<div style="border: 1px solid black; width: 250px; height: 20px;"></div>	
EXPIRY DATE	
<div style="border: 1px solid black; width: 70px; height: 20px;"></div>	
<p>This information is collected under the authority of the Post-Secondary Learning Act. It is required to process your request. Financial information is required for release of authorization to a credit company. If you have any questions about the collection or use of this information, please contact the Registrar at 403.210.7625.</p>	

OFFICE USE ONLY <input type="checkbox"/> Search Match Complete <input type="checkbox"/> English Language Proficiency Met <input type="checkbox"/> Payment Received	NOTES: <div style="border: 1px solid black; height: 100px;"></div>
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