



GRADUATE ADMISSIONS AND RECORDS
 UNIVERSITY CENTRE
 UNIVERSITY OF VICTORIA
 PO Box 3025 STN CSC
 VICTORIA BC V8W 3P2 CANADA

APPLICATION FOR RE-REGISTRATION
FACULTY OF GRADUATE STUDIES
 FOR USE BY STUDENTS WHO HAVE PREVIOUSLY BEEN
 REGISTERED IN THE FACULTY OF GRADUATE STUDIES

The University of Victoria collects personal information pursuant to the *University Act, RSBC 1996, c. 468* and section 26 of the *Freedom of Information and Protection of Privacy Act*. If you wish further information, contact Graduate Admissions and Records or read UVic Policy 4400, Access to Student Records at www.uvic.ca/reco/website/general/access.html

University of Victoria student number: V00 _____

Title: _____				
FIRST NAME		MIDDLE NAME(S)		SURNAME (FAMILY NAME)
SOCIAL INSURANCE NUMBER				
IMIGRATION STATUS:		DATE OF ENTRY TO CANADA: _____		
STUDENT AUTHORIZATION		Mailing Address – (Street address or P.O. Box)		
PERMANENT RESIDENT		CITY/TOWN		PROVINCE/STATE
CITIZEN		BIRTHDATE: _____		POSTAL CODE
EMAIL: _____		COUNTRY (IF NOT CANADA)		TEL RES
		NO		BUS

Program for which you **last registered**: _____
 SESSION DEGREE DEPARTMENT DATE COMPLETED OR WILL BE COMPLETED

Program for which you are **now applying to register**: _____
 SESSION DEGREE DEPARTMENT ENTRY POINT (MMMM YY)

- Purpose:
- continuation of an approved program after an extended absence *
 - continuation of non-degree registration ** (**\$26 non-refundable fee required**)
 - transfer to a different degree program without completing my current program***
 - reinstatement to program after violation of Faculty of Graduate Studies policy (**\$250 non-refundable fee required**)*

* Include a letter of explanation to the Dean of Graduate Studies
 ** If applying as a non-degree student please indicate the specific course(s) you wish to take: _____
 *** Current supervisor to be notified by student of their intent. Current supervisor to confirm awareness that student has requested program transfer by email to Graduate Admissions and Records office, garo@uvic.ca.
 Visiting students must submit a Letter of Permission along with this application.

List below ALL post-secondary institutions attended since last registered at UVic. You must submit official transcripts. Failure to declare attendance elsewhere could lead to disciplinary action by the university.

FROM MONTH/YEAR	TO MONTH/YEAR	NAME OF INSTITUTION(S)	LOCATION (City/Country)	DEGREE/DIPLOMA AWARDED/EXPECTED	DATE AWARDED/EXPECTED

DECLARATION: I hereby accept and submit myself to the statutes, rules and ordinances of the University of Victoria and to any amendments thereto which may be made while I am an applicant or student of the university, and I promise to observe the same. I authorize the university to verify any information provided as part of this application and understand that an admission granted on the basis of this application or supporting documents will be revoked if the information given is untrue in any material respect. I accept that information on falsified documents is shared with the Association of Universities and Colleges of Canada.

SIGNATURE OF APPLICANT: _____ DATE: _____
The University of Victoria accepts no responsibility for the interruption or continuance of any classes or courses of instruction as a result of an act of God, fire, riot, strike, or any cause beyond the control of the University.

OFFICE USE ONLY:

SPAIDEN
 SAAADMS
 SFAREGS (CRN #'s _____)
 SAADCRV
 SGASTDN
 SFAREGS
 SHATCMT
 SPACMNT
 SHACOMI
 SOAHOLD
 Letter to student
 Notify Acct.
 Entered _____

RECOMMENDATION – TO BE COMPLETED BY THE DEPARTMENT AND RETURNED TO GRADUATE ADMISSIONS AND RECORDS

- Continuation in Current Program Approved by Department
- Recommended Admission to: Department: _____ Entry Point: _____
 - Degree: _____, or
 - Non-degree (Specify courses/sections) _____
- Supervisor(s) (Include V00#'s): _____
- Conditions/Provisions: _____
- Recommended Admission be Denied
- Reasons/Recommendations: _____

Graduate Advisor/Chair's Signature: _____ Date: _____