

PROGRAM APPLICATION FORM

Return to:
Student Services
185 Extended Education Complex,
University of Manitoba
Winnipeg, MB R3T 2N2
extended@umanitoba.ca
204-474-8800

STUDENT RECORDS:

Have you ever previously registered for any Extended Education course, or applied for a program at the University of Manitoba? Yes No

If "Yes", please provide UM student number (if known):

Program/faculty you applied to:

Year of application:

Last year registered at UM:

STUDENT INFORMATION:

*Last Name:

*First (Given) Name:

Middle Name(s):

Preferred First Name:

*Date of Birth (yy/mm/dd):

*Home Address:

*City/Town:

*Province:

*Postal Code:

*Day Phone:

Evening Phone:

*Email:

*Citizenship:

*Indicates required information

OCCUPATIONAL HISTORY: (PLEASE COMPLETE IN FULL)

Job Title:

Employer:

Employer Address:

City/Town:

Province:

Postal Code:

Business Phone:

Business Fax:

Preferred Mailing Address: Home Business

EDUCATION HISTORY: (PLEASE COMPLETE IN FULL)

Highest level of formal education achieved:

Name of educational institution:

Location of educational institution:

Date:

Additional training/courses completed or professional standing achieved:

Date:

Date:

What are your educational goals in applying for this program?

Where did you first hear about this program?

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PROGRAM FEES:

Program Name:

Program Application Fee: \$100 - Students

Application fee is non-refundable. Application will not be processed until application fee has been paid.

TOTAL

SIGNATURE:

I have read the program admission requirements for the program to which I am applying and meet the requirements. (Requested documents are enclosed.)

Student Number:

Signature:

Date:

Notice Regarding Collection, Use, and Disclosure of Personal Information by the University

Your personal information is being collected under the authority of *The University of Manitoba Act*. The information you provide will be used by the University for the purposes of registration, communication, and to process payment. Your personal information may be disclosed to other educational institutions, government departments and co-sponsoring organizations, and, for those students who are members of UMSU, it will be disclosed to the University of Manitoba Students' Union. Your personal information will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act* (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

METHOD OF PAYMENT:

All applicable fees must accompany program application form.

Debit - In-person only. Cheque/Money Order – Payable to the University of Manitoba (post-dated cheques can not be accepted).

Invoice Employer – A request to invoice must be on letterhead and authorized by an official of the employer or sponsoring agency. Without prior credit history, amounts over \$1,000 require credit approval. Contact Student and Instructor Services at 204-474-9921 or Toll-free 1-888-216-7011 ext. 9921 for a copy of the required form.

Payment by credit card – Complete the following section.

Visa

MasterCard

Credit card number:

CVC (Card Verification Code):

Expiry date:

Card holder's name (as it appears on the card):

Amount: \$

Authorizing signature: _____