

REGISTRATION (GRADUATE STUDIES)

DO NOT WRITE IN SHADED AREAS

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	PROGRAM OF STUDIES AND INSTITUTION OR OCCUPATION ON DECEMBER 1 <sup>st</sup> LAST YEAR				
IF NON-CANADIAN, SPECIFY YOUR CURRENT STATUS												PERMANENT RESIDENT		STUDY PERMIT		OTHER (SPECIFY) ▾	

PERMANENT ADDRESS											
N° AND STREET						CITY			PROVINCE		
COUNTRY		POSTAL CODE		TEL. N°		EFFECTIVE DATE OF PERMANENT ADDRESS			YEAR	MONTH	DAY

MAILING ADDRESS											
N° AND STREET						CITY			PROVINCE		
COUNTRY		POSTAL CODE		TEL. N°		EFFECTIVE DATE OF MAILING ADDRESS			YEAR	MONTH	DAY

NEXT OF KIN											
SURNAME				GIVEN NAMES				RELATIONSHIP			
ADDRESS						POSTAL CODE		TEL. N°			

SESSION: FALL				WINTER				SPRING / SUMMER																					
YEAR ▾		YEAR ▾		YEAR ▾		YEAR ▾		YEAR ▾		YEAR ▾																			
CLASSIFICATION		FULL-TIME	PART-TIME	CLASSIFICATION		FULL-TIME	PART-TIME	CLASSIFICATION		FULL-TIME	PART-TIME																		
REGISTRATION CONDITIONS		YES	NO	REGISTRATION CONDITIONS		YES	NO	REGISTRATION CONDITIONS		YES	NO																		
CAMPUS				CAMPUS				CAMPUS																					
COURSE CODE		SECTION	ATTENDANCE	APPROVAL	COURSE CODE		SECTION	ATTENDANCE	APPROVAL	COURSE CODE		SECTION	ATTENDANCE	APPROVAL															
ALPHA	NUMERICAL			8	9	8	9	8	9	ALPHA	NUMERICAL			8	9														
1	2	3	4	5	6	7				1	2	3	4	5	6	7				1	2	3	4	5	6	7			

CRE = COURSE FOR CREDITS    AUD = AUDITOR

- 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)

FOR ADMINISTRATIVE USE			
APPROVAL OF THE ACADEMIC UNIT	▾	_____	_____
		NAME (PRINT)	DATE
APPROVAL OF THE GRADUATE STUDIES OFFICE	▾	_____	_____
		NAME (PRINT)	DATE
		SIGNATURE	SIGNATURE