



THE UNIVERSITY OF WINNIPEG  
**Collegiate**

1W02-515 Portage Avenue  
Winnipeg, MB, R3B 2E9

email: [collegiate@uwinnipeg.ca](mailto:collegiate@uwinnipeg.ca)  
web: [collegiate.uwinnipeg.ca](http://collegiate.uwinnipeg.ca)  
T: 204.786.9221  
F: 204.775.1942

**FALL/WINTER SESSION 2017-18**

Date of Application \_\_\_\_\_

Student Number \_\_\_\_\_

New (N) or Returning (R) \_\_\_\_\_

Grade Level \_\_\_\_\_

**APPLICATION FOR ADMISSION FOR Canadian Students (Grade 9-12)**

**Please complete all sections of the application form.**

**For new applicants:**

- Please include an official transcript of all high school credits completed, and an interim report card if you are currently in school.
- A letter of reference from a teacher or administrator from your current school.
- A \$100.00 non-refundable application fee (returning and visiting students do not pay).
- If you are a visiting student currently enrolled at another high school please ensure the application is authorized by your current school.

(Applicants for Concurrent Status should apply directly to The University of Winnipeg.)

**1.0 PERSONAL INFORMATION**

**Date of Birth** \_\_\_\_\_ **Gender**  Male  Female  
Month Day Year

**Student's Full Legal Name** \_\_\_\_\_  
Last Name First Name Middle Name(s)

**Permanent (Home) Address** \_\_\_\_\_  
Postal Code

**Sessional (Winnipeg) Address if different** \_\_\_\_\_  
Postal Code

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**\*Student Email** \_\_\_\_\_

**Citizenship and Immigration Status**  Canadian Citizen  Permanent Resident

(If you are a permanent resident, please include a copy of your permanent resident card/landed immigrant papers with your application.)

**If you are of Aboriginal ancestry, please specify** (provision of this information is voluntary).

First Nations  Métis  Inuit  Uncertain of ancestry

**Current School** \_\_\_\_\_ **School Division in which you reside** \_\_\_\_\_

**Are you a high school graduate?**  Yes  No **Year graduated** \_\_\_\_\_

**Have you been suspended or expelled from another school during the previous 24 months?**  Yes  No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

**MB Health #** \_\_\_\_\_ **MB Health PHIN#** \_\_\_\_\_  
(6 digit) (9 digit)

**Do you have any chronic health concerns or allergies?**  Yes  No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If yes, a Collegiate Dean will contact you to assess if URIS forms are required to be completed.

**Are there any other concerns that could have an impact on your ability to be successful at The Collegiate?**  Yes  No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical information is collected so that appropriate health-care plans may be developed. This information will be shared only with the appropriate individuals. This information is protected by The Personal Health Information Act. Questions should be directed to The Collegiate Dean.

**1.1 PARENT/GUARDIAN INFORMATION**

**Father/Guardian Name** \_\_\_\_\_  
Last Name First Name Middle Name(s)

**Home Address** (if different from student) \_\_\_\_\_  
Postal Code

**Home Phone** \_\_\_\_\_ **Alternate Phone** \_\_\_\_\_ **\*Email** \_\_\_\_\_

**Place of Employment** (optional) \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Mother/Guardian Name** \_\_\_\_\_  
Last Name First Name Middle Name(s)

**Home Address** (if different from student) \_\_\_\_\_  
Postal Code

**Home Phone** \_\_\_\_\_ **Alternate Phone** \_\_\_\_\_ **\*Email** \_\_\_\_\_

**Place of Employment** (optional) \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_  
Full Name Phone Number

\*Please note email addresses provided may be shared internally among Collegiate Faculty, student groups, and used for Collegiate communications.



## 6.0 TUITION FEES (this section must be completed in full)

My fees will be paid by myself, parent/guardian, or sponsoring agency listed below. (Sponsored Students: please note that a letter of sponsorship is required for final acceptance into your course/s.) Fees are assessed at \$880 per full course (\$870 tuition plus a \$10 non-refundable registration fee). I agree to honour all financial obligations for this account in accordance with The Collegiate policies.

**Full Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Relationship to Student** \_\_\_\_\_

**Address** \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

**Sponsoring Agency Email Address** \_\_\_\_\_

Should a student withdraw from Collegiate course(s), any refund will be made payable to the person listed above.

## 7.0 INFORMATION RELEASE

If you are under 18 years of age, The Collegiate is obliged by law to provide academic and personal information to your parents/guardians. If you are over 18 years of age or will turn 18 during the school year, please indicate below your wishes with respect to the release of such information.

**The Collegiate may release information regarding my attendance and grades to my parents/guardians upon request.**

Yes  No Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## 8.0 DECLARATION (must be signed by the parent/guardian if the student is under 18)

I declare that all statements made with respect to this application are true and complete, that all records are complete and unaltered, and that accepting this declaration permits The University of Winnipeg Collegiate to request, confirm, and/or share any necessary information with other educational institutions to support my application. If accepted to The University of Winnipeg Collegiate, I agree to follow Collegiate regulations.

I accept this declaration \_\_\_\_\_  
Signature

Personal information on this application is collected pursuant to 36(1) of The Freedom and Information and Protection of Privacy Act (FIPPA) and may be used and disclosed by The University of Winnipeg Collegiate for admission, registration, awards, student records, alumni services, housing, and other activities related to being a member of The Collegiate community. De-identified information may be used by The Collegiate for research/planning. Personal health information, if any, is collected pursuant to The Personal Health Information Act (PHIA) and will be used to develop appropriate student health-care plans. All personal and personal health information is protected under FIPPA and PHIA. If you have any questions about the collection and the use of this information, please contact: Dean of The Collegiate, The University of Winnipeg Collegiate, 515 Portage Avenue, Winnipeg, Manitoba, R3B 2E9, 204.786.9221, collegiate@uwinnipeg.ca.

### OFFICE USE ONLY

Provisional Acceptance Date/Initial \_\_\_\_\_ Final Acceptance Date/Initial \_\_\_\_\_  
Application fee \_\_\_\_\_