



THE UNIVERSITY OF WINNIPEG  
**Collegiate**

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

**collegiate.uwinnipeg.ca**  
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T. 204.786.9221  
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**FOR OFFICE USE ONLY**

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

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

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

**2021–22 ACADEMIC YEAR**

Application for Admission for: International Students (Grade 9–12)

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

**New Applicant Checklist:**

- Official transcript of all high school credits completed, and an interim report card if you are currently in school
- Copy of the biographic page from your passport
- \$200 non-refundable application fee (returning students do not pay)
- Results of an official English language assessment
- Letter of reference from your current English teacher sent directly to [collegiate@uwinnipeg.ca](mailto:collegiate@uwinnipeg.ca) on **school letterhead**

Note: Additional requirements such as a writing assessment and an online interview may be requested after submission of your application.

**1.0 STUDENT INFORMATION**

**Citizenship** \_\_\_\_\_ **Country of Residence** \_\_\_\_\_

**Date of Birth**

Month	Day	Year

**Gender** \_\_\_\_\_

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

**Student's English Name (optional)** \_\_\_\_\_

**Permanent Home Address** \_\_\_\_\_

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

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

**Home Phone** \_\_\_\_\_ **Cell Phone (Winnipeg)** \_\_\_\_\_

**Student's Personal Email\*** \_\_\_\_\_

**Entering Grade** (Circle One)    9    10    11    12

**Do you have a serious medical condition?**  Yes  No (if yes, please specify)

Life-threatening allergy (requiring an EpiPen)

Seizure disorder

Diabetes

Asthma (requiring a puffer)

Other (please describe)

The Collegiate may contact you to assess whether or not URIS forms must be completed.

**Have you had or do you currently require extra supports or accommodations in a school setting?**  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.

## 2.0 ACADEMIC INFORMATION

**Current School/Last School Attended** \_\_\_\_\_

**Address of School** \_\_\_\_\_

**Type of School**  Public / Government  Private  International  Other \_\_\_\_\_

**Are your core subjects (ie, Math, Science, History, etc.) taught in English?**  Yes  No

If yes, please indicate the number of years in an English language program \_\_\_\_\_

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

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

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

## 3.0 PARENT/GUARDIAN INFORMATION

Parent  Guardian **Relationship to Student** \_\_\_\_\_

**Name** \_\_\_\_\_

Family Name

First Name

Middle Name(s)

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

Postal Code

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

**Alternate Phone** \_\_\_\_\_

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

**Date of Birth** \_\_\_\_\_

Month

Day

Year

**Is this contact able to communicate in English?**  Yes  No

Parent  Guardian **Relationship to Student** \_\_\_\_\_

**Name** \_\_\_\_\_  
Family Name First Name Middle Name(s)

**Home Address** \_\_\_\_\_  
Postal Code

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

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

**Date of Birth** \_\_\_\_\_ **Is this contact able to communicate in English?**  Yes  No  
Month Day Year

**Student Lives with**  Parent(s)/Guardian(s), Same Household  Parents, Joint Custody  One Parent/Guardian Only  
(Please attach any legal orders or custodianship documents.)

**Emergency Contacts (in addition to parents/guardians)**

Full Name	Phone Number	Relationship to Student
Full Name	Phone Number	Relationship to Student

**4.0 ENGLISH LANGUAGE PROFICIENCY**

The language of instruction at The University of Winnipeg Collegiate is English. You must have a level of ability in English that allows you to participate in all aspects of High School study, including lectures, reading, writing, and discussion.

**First Language** \_\_\_\_\_ **Other Language(s)** \_\_\_\_\_

If English is not your first/primary language and/or you are not from an English exempt country, please submit the results from an official English language assessment (IELTS, TOEFL, CanTest, PTE, UWinnipeg English Language Program, etc.).

**Test Date** \_\_\_\_\_ **Test Type** \_\_\_\_\_ **Score** \_\_\_\_\_

Other English language assessments may be considered at the discretion of the Dean. Students may be required to complete an English language assessment upon arrival at the Collegiate prior to registration, as it is important that we have a clear understanding of English language levels in order to determine the appropriate grade placement. If the Collegiate assesses that a student's language level is not sufficient for the student to be successful in his/her studies, we may require that language proficiency be strengthened in the English Language Program on campus prior to commencement of the high school program.

**5.0 COLLEGIATE FEES**

**APPLICATION FEE**

**I will pay my \$200 application fee by**

Visa  MasterCard  Debit/Cash (in-person only)  Cheque/Money Order (in Canada only)  Fly Wire (wire transfer)

**Credit Card #** \_\_\_\_\_ **Expiry Date** \_\_\_\_\_

**Name on Card (please print)** \_\_\_\_\_

**Cardholder Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## TUITION FEES

### All fees are payable in Canadian funds to The University of Winnipeg.

\$3,280 CAD per full course, \$16,400 CAD for 5 or more courses. Tuition fees must be paid in full before an official "Letter of Acceptance" and notarized "Custodianship Declaration" can be issued.

- I agree to honour all financial obligations for this account in accordance with The University of Winnipeg Collegiate policies, available on the Collegiate website.
- I have read and understand the International Student Refund Policy, available on the Collegiate website.

**Payee Name** \_\_\_\_\_  
Family Name First Name Middle Name(s)

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

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

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## 6.0 AGENT INFORMATION

**Name of Agency** \_\_\_\_\_ **Approved UWinnipeg Agent?**  Yes  No

**The Collegiate may release information regarding my academics (including grades and attendance) to my agent/agency:**  Yes  No

**Student Signature** \_\_\_\_\_ **Parent Signature** \_\_\_\_\_

## 7.0 HOMESTAY/RESIDENCE

- I will live in The University of Winnipeg Homestay. (Mandatory for students under the age of 18 with no legal custodian; optional for those over 18.) — Apply directly at [uwinnipeg.ca/homestay](http://uwinnipeg.ca/homestay) **at least 3 months prior to arrival.**
- I am under 18 and will be living with my legal custodian in Winnipeg. Please provide your legal custodian's contact information below. A copy of your Custodianship Declaration (pages 1–2) is required at time of application.
- I am over 18 and will live in The University of Winnipeg Residence. — Apply directly at [uwcampusliving.com](http://uwcampusliving.com)
- I am over 18 and have made other living arrangements.

**Custodian's Full Name** \_\_\_\_\_  
Family Name First Name Middle Name(s)

**Date of Birth** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
Month Day Year

**Winnipeg Address** \_\_\_\_\_  
Postal Code

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

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

## 8.0 RESPONSIBILITIES AND AGREEMENTS

### STUDENT

I understand that a successful experience in the International Student Program at the Collegiate depends upon regular class attendance, completion of all homework and assignments, and participation in all activities offered by the program.

I understand that serious breaches of program rules include, but are not limited to:

- Violating the rules set out by the Collegiate
- Not maintaining full-time status
- Engaging in any illegal activities
- Using alcohol or illegal drugs
- Driving a motor vehicle without a valid Manitoba license
- Holding a paying job without a valid work permit
- Inappropriate use of social media
- Breaking homestay rules and expectations
- Unauthorized travel outside of Winnipeg

**Signature of Student** \_\_\_\_\_ **Date** \_\_\_\_\_

### PARENT/GUARDIAN

Your signature below acknowledges agreement with the following:

- My child has no history of criminal behaviour.
- The Collegiate is not legally liable should my child be injured while in Canada.
- The Collegiate reserves the right to dismiss my child and return him/her home (at their expense, without tuition refund) for violating any of the rules set out by the Collegiate, for providing false and/or inaccurate information on the student application form, and/or when my child's mental and/or physical health is in jeopardy.
- My child has permission to travel with his/her homestay family within the province of Manitoba and/or to participate on any day trips within the province of Manitoba that are arranged by the Collegiate.
- I understand that if my child's academic program at the Collegiate has been terminated, Citizenship and Immigration Canada (CIC) will be notified, and the Custodianship Declaration provided by the Collegiate will be nullified.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

## 9.0 COLLEGIATE POLICIES: WAIVERS AND CONSENTS

Please complete each section by having both parents/guardians indicate with a check mark in the appropriate box.

We/I hereby give consent/permission for:	YES	NO
Our/my child to participate in school trips or programs held off campus and to be transported by bus.		
The University of Winnipeg Collegiate to photograph and publish and/or use our/my child's likeness in any communications promoting the school, which may include advertising, social media, website, and printed materials.		
The University of Winnipeg Collegiate to send us/me information by email and otherwise, in the form of newsletters, updates, and announcements. This consent is for the purpose of Canada Anti-Spam Legislation (CASL).		
We/I have read and agree to abide by the Collegiate's Textbook Policy and The University of Winnipeg's Library Fine Policy (available online at <a href="http://collegiate.uwinnipeg.ca">collegiate.uwinnipeg.ca</a> ).		
We/I have read and agree to abide by the Collegiate Computer User Code of Ethics (available online at <a href="http://collegiate.uwinnipeg.ca">collegiate.uwinnipeg.ca</a> ).		

## 9.1 COLLEGIATE POLICIES: EMERGENCY MEDICAL ASSISTANCE

I hereby authorize the designated legal custodian to give and/or obtain emergency medical assistance for my child including that my child may be given emergency treatment by a staff member at the Collegiate. I hereby release and agree to hold harmless all staff, officers, directors and trustees of the Collegiate of and in respect of any claims, suits and demands, which I and/or my child may have, and from any injury, damages or death my child may incur or sustain, in respect of any such treatment sought or administered in good faith. I also give permission for my child to be transported by car or ambulance to a hospital.

## 9.2 COLLEGIATE POLICIES: CODE OF CONDUCT

We/I confirm that we have read the Collegiate's code of conduct found at [collegiate.uwinnipeg.ca](http://collegiate.uwinnipeg.ca) and agree to be bound by and abide by its terms. We/I acknowledge and agree that we/I are responsible along with our child for his/her compliance with said code of conduct including compliance with provisions against bullying and harassment. We/I acknowledge and agree that failure to abide by the code of conduct by either ourselves and/or our child may result in suspension and/or expulsion of our child from the Collegiate. We/I agree to indemnify and hold the Collegiate and its staff and faculty harmless from and against any liability, damage, loss, claim, suit, proceeding, cost or expense brought or made against them, or suffered or incurred by them, resulting from our and/or our child's noncompliance with the code of conduct.

### 9.3 DECLARATION

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 and policies (as stated in sections 9.0–9.2).

I accept this declaration

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Student (if over 18)** \_\_\_\_\_ **Date** \_\_\_\_\_

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.

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

### 10.0 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** \_\_\_\_\_