

msvu.ca

Registration Form for Exchange Students (Incoming Students)

Registrar's Office, Halifax NS B3M 2J6 (902) 457-6117 FAX (902) 457-6498 registration@msvu.ca

Please ensure that you have had your courses approved by your

academic advisor at your home institution.

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ast Name		First Name(s)			
Permanent Stree	et Number & Addres	s Information			
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(Required)

Mount International & Exchange Student Advisor Signature

Citizenship
Please indicate country of citizenship:
Indicate the status you will have while in Canada ☐ Student Visa ☐ Visitor Visa ☐ Other:
When are you planning to enter Canada? (DD/MM/YYYY)
Would you like to self-disclose that you are: ☐ of Aboriginal Descent ☐ of African-Canadian Descent
Privacy Act Disclaimer
At the request of the Maritime Provinces Higher Education Commission (MPHEC) and Statistics Canada, Mount Saint Vincent University includes the following information regarding the disclosure of personal information to these bodies:
"Under the federal Privacy Act, individuals can request access to their own, individual information held on federal information banks, including those held by Statistics Canada.
Students who do not wish to have their information used are able to ask Statistics Canada to remove their identifying information from the national database."
Mount Saint Vincent University abides by the Personal Information Protection and Electronic Documents Act (PIPEDA) and the Freedom of Information and Protection of Privacy Act (FOIPOP). For further information, consult the Academic Calendars.
Student Authorization
By signing this form, I acknowledge access (hard copy or web based) to the Academic Calendars and I hereby agree to abide by all University regulations and policies as contained herein including any revisions, deletions or additions made to them in the future.
Student's Signature (Required) Date