



# Visiting Students Application/ Registration Form

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

A Letter of Permission from your home institution MUST accompany this completed form.

Mount Student ID: \_\_\_\_\_

\_\_\_\_\_  
Last Name /Surname

\_\_\_\_\_  
First Name(s)/Given Name(s)

\_\_\_\_\_  
Apartment/Street

\_\_\_\_\_  
Town/City

\_\_\_\_\_  
Province

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

(\_\_\_\_)\_\_\_\_\_  
Home Phone Number

(\_\_\_\_)\_\_\_\_\_  
Work Phone Number

\_\_\_\_\_  
Email Address

Identification Information Gender ☐ F ☐ M ☐ NB

\_\_\_\_\_  
Date of Birth (DD/MM/YYYY)

## Admissions Information

\_\_\_\_\_  
Name of Home University

\_\_\_\_\_  
Degree Program

Have you taken courses previously at MSVU? ☐ Yes ☐ No

If Yes, indicate year: \_\_\_\_\_

## Registration Information

Students registering in courses do so on the understanding that they will meet/complete course prerequisites prior to the beginning of the course. Prerequisites are listed in the University Academic Calendar course description. It is the students' responsibility to meet these prerequisites. Students not having the required background may be forced to drop the courses and incur any academic and/or financial penalty for doing so.

TERM: ☐ Academic Year: \_\_\_\_\_

☐ Summer I Year: \_\_\_\_\_

☐ Summer II Year: \_\_\_\_\_

OFFICE USE ONLY	COURSE NAME/NUMBER/SECTION	TERM	Unit Value or AUDIT	Faculty Approval if required

Dean's signature is required if you are:

- adding more than 5.0 units for the academic year.
- adding more than 1.0 unit per summer session.

\_\_\_\_\_  
Dean's Signature

**Waitlists:** Waitlisted registrations will be moved to registered status as space becomes available and in accordance with department instructions unless there are time conflicts. In such cases, the waitlisted course will be removed from your registration.

**Faculty Approval:** Signatures must be obtained from the instructor for courses that require the instructor's consent, and/or to override waitlists.

**see reverse/**

## Statistics Canada

The following information is requested for Statistics Canada reporting purposes:

Marital Status: ☐ Married  
☐ Not Married

First Language: ☐ English  
☐ French

☐ Other \_\_\_\_\_

## Province of Residence

If you are a Canadian citizen, are you a permanent resident of Nova Scotia: ☐ Yes ☐ No

If no, indicate which province: \_\_\_\_\_

## Citizenship

I am a Canadian citizen: ☐ Yes ☐ No

If not a Canadian citizen, indicate country of citizenship: \_\_\_\_\_

Indicate the status you will have while in Canada:

- ☐ Permanent Resident (please provide copy of PR card)  
☐ Student Visa  
☐ Other: \_\_\_\_\_

I entered Canada on: \_\_\_\_\_  
(DD/MM/YYYY)

## 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 (FOIPOP) Act. For further information on these acts, please refer to the University 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature (Required)