

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 Print					
Mount Stude	ent ID#	Date of Birth			
Last Name			First Name(s)		
Permanent S	Street Numb	er & Address Information			
Town/City			Province	Postal Code	Country
()		()			
Home Phone	Home Phone Number Cell Phone Number			Iress	
Host Instituti	on Informat	ion			
Name of Home Institution			Loca	ation of Institution	
Registration	Information				
OFFICE USE ONLY		COURSE NAME/NUMBER (BUSI/1112/0		TERM (Fall, Winter, Summer I, Summer II)	
completed all Please ensure	l prerequisite e that you ha	bility to ensure that you have e coursework at your home ins ave had your courses approve home institution.			nge Student Advisor Signature

Citizenship
Please indicate country of citizenship:
Indicate the status you will have while in Canada Student 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