

## Registration/Application Form for Auditing Student

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

Please print clearly and complete both sides of the form in full.  OFFICE USE ONLY  Mount Student ID:							
Last Name	First & Middle I	First & Middle Names			Former Name(s)		
Apartment/Street Address	ddress To		<del></del>	Postal Code	Country		
() Home Phone Number	()_ Work Phone Number	 Email					
dentification Information	Gender □ F □ M □ NB	 Date of	Birth (DD/MM/YYYY)				
Have you taken courses previously at the Mount?			☐ Yes ☐ No				
f Yes, indicate year:	Student ID (if known):						
<ul> <li>are subject to space and fall under the same fin Calendar.</li> <li>Please note: Auditing a councomplete any of the assign one at the discretion of the interest of the inter</li></ul>	r academic credit and are not a vailability in the class ancial policies for refunds as course does not include completin ments or exams, instructors are ndividual and respective instructal University transcript after co	redit cours ng assignm e not respo ctor and gr	es. This information ents and/or any exar onsible for grading th rades will not be cour	minations. If a stuc em. Any arrangem	lent chooses to ent to do so will		
Registration							
Term/Year: ☐ September	□ January	□ M	lay (Summer I)	July (Su	mmer II)		
COURSE	DEPT/NUMBER/SECTION		TERM	UNIT VA	LUE		

Statistics Canad The following inf	<b>a</b> formation is requested fo	or Statistics Canada r	reporting purposes:
Marital Status: ☐ Married ☐ Not Married		First Language:	□ English □ French □ Other:
<b>Citizenship</b> I am a Canadiar	citizen: 🖵 Yes 📮 No		
If not a Canadia	n citizen, indicate counti	y of citizenship:	
	us you will have while in It Resident	Canada:	Lantarad Canada any
			I entered Canada on: (DD/MM/YYYY)
<ul><li>□ Complete</li><li>➤ The Reg</li><li>□ Carefully</li></ul>	sessed for admission to	cation/Registration Feleft blank at this time form blication fee:	Form for Auditing Student le if desired
☐ Card N	umber:		Expiration Date:
☐ Cardho	older's Name:		Signature:
the full undergra	nitted under the Audit On	ss, including submitt	ke courses for credit at any point he or she will need to complete ing all transcripts, and be assessed based on the academic
	f the Maritime Provinces		ommission (MPHEC) and Statistics Canada, Mount Saint Vincent sclosure of personal information to these bodies:
	the federal Privacy Act, i information banks, inclu		st access to their own, individual information held on tatistics Canada.
	ts who do not wish to ha ing information from the		used are able to ask Statistics Canada to remove their
			ation Protection and Electronic Documents Act (PIPEDA) and the P). For further information, consult the Academic Calendars.
represents my p all regulations o	ubmitting this Applicatio ersonal and academic b f the University as outlin	ackground. If offereded in the University A	, I certify that the information above is complete and accurately d admission to Mount Saint Vincent University, I agree to abide by cademic Calendars. I understand that all documents submitted not be returned to the applicant.
			cademic Calendars and I hereby agree to abide by all University visions, deletions or additions made to them in the future.
 Studen	t's Signature (Required)		 Date