



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/Surname First Name(s)/Given Name(s) Former Name(s)

Apartment/Street Address Town/City Postal Code Country

(_____) (_____) _____
Home Phone Number Work Phone Number Email

Identification Information Gender ☐ F ☐ M ☐ NB

Date of Birth (DD/MM/YYYY)

Have you taken courses previously at the Mount? ☐ Yes ☐ No

If Yes, indicate year: _____ Student ID (if known): _____

Audited Courses:

- do not require proof of meeting academic pre-requisites
- are not transferable for academic credit and are not able to be challenged for credit
- are subject to space availability in the class
- fall under the same financial policies for refunds as credit courses. This information can be found in the Academic Calendar.

Please note: Auditing a course does not include completing assignments and/or any examinations. If a student chooses to complete any of the assignments or exams, instructors are not responsible for grading them. Any arrangement to do so will be at the discretion of the individual and respective instructor and grades will not be counted towards credit. A grade of AUD will be applied to your official University transcript after completion of the course.

Registration

Term/Year: ☐ September _____ ☐ January _____ ☐ May (Summer I) _____ ☐ July (Summer II) _____

COURSE DEPT/NUMBER/SECTION	TERM	UNIT VALUE

Waitlisted registrations will be moved to registered status as space becomes available and in accordance with department.

see reverse/

Statistics Canada

The following information is requested for Statistics Canada reporting purposes:

Marital Status: ☐ Married
☐ Not Married

First Language: ☐ English
☐ French
☐ Other: _____

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

☐ Student Visa

☐ Other: _____

I entered Canada on: _____
(DD/MM/YYYY)

Required Application Materials

In order to be assessed for admission to this program, you must:

☐ Complete all sections of this Application/Registration Form for Auditing Student

➤ The Registration section may be left blank at this time if desired

☐ Carefully read, sign and date the form

☐ Submit a \$40, non-refundable application fee:

☐ Cash ☐ Cheque ☐ Money Order ☐ Credit Card

☐ Card Number: _____

Expiration Date: _____

☐ Cardholder's Name: _____

Signature: _____

Courses for Credit

If a student admitted under the Audit Only policy wishes to take courses for credit at any point he or she will need to complete the full undergraduate application process, including submitting all transcripts, and be assessed based on the academic criteria for the academic program they wish to undertake.

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 and submitting this Application for Admission form, I certify that the information above is complete and accurately represents my personal and academic background. If offered admission to Mount Saint Vincent University, I agree to abide by all regulations of the University as outlined in the University Academic Calendars. I understand that all documents submitted to the Mount become the property of the institution and will not be returned to the applicant.

I also 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