

Registration/Application Form for Auditing Student Admissions and Registrar's Office Halifax NS B3M 2J6

msvu.ca

(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.
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OFFICE USE ONLY Mount Student ID:

Last Name	First & Middle Names		Former Name(s)	
Apartment/Street Address		own/City	Postal Code	Country
() (Home Phone Number Work	_) Phone Number	Email		
dentification Information Gender	r 🖫 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):		
Calendar. Please note: Auditing a course does complete any of the assignments or the at the discretion of the individua will be applied to your official Unive	r exams, instructors a Il and respective instr	re not responsible for grading the uctor and grades will not be coun	m. Any arrangem	nent to do so wil
Term/Year: ☐ September	_ □ January	May (Summer I)	July (St	
				ummer II)
COURSE DEPT/N	IUMBER/SECTION	TERM	UNIT VA	·
COURSE DEPT/N	IUMBER/SECTION	TERM	UNIT V	·
COURSE DEPT/N	UMBER/SECTION	TERM	UNIT V	
COURSE DEPT/N	IUMBER/SECTION	TERM	UNIT V	
COURSE DEPT/N	IUMBER/SECTION	TERM	UNIT V	

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

Statistics Canac The following in	formation is requested	for Statistics Canada r	reporting purposes:	
Marital Status:	MarriedNot Married	First Language:	☐ English ☐ French ☐ Other:	
Citizenship I am a Canadiar	n citizen: 🖵 Yes 🖵 No	0		
If not a Canadia	n citizen, indicate coun	try of citizenship:		
Permaner	tus you will have while i nt Resident	n Canada:		
☐ Student V ☐ Other:	/isa 		I entered Canada on: (DD/MM/YYYY)	
☐ Complete	ssessed for admission to all sections of this App gistration section may be read, sign and date the \$40, non-refundable ap	lication/Registration For left blank at this time form oplication fee:	Form for Auditing Student	
☐ Card N	lumber:		Expiration Date:	
☐ Cardho	older's Name:		Signature:	
the full undergra	nitted under the Audit O aduate application proc cademic program they	ess, including submitt	ke courses for credit at any point he or she will need ting all transcripts, and be assessed based on the aca	
At the request o	f the Maritime Province		ommission (MPHEC) and Statistics Canada, Mount Sa sclosure of personal information to these bodies:	aint Vincent
	the federal Privacy Act, information banks, incl		est access to their own, individual information held on tatistics Canada.	١
	ts who do not wish to having information from the		used are able to ask Statistics Canada to remove thei	ir
			nation Protection and Electronic Documents Act (PIPE P). For further information, consult the Academic Cal	
represents my pall regulations o	submitting this Applicati personal and academic of the University as outling	background. If offered ned in the University A	n, I certify that the information above is complete and d admission to Mount Saint Vincent University, I agree academic Calendars. I understand that all documents not be returned to the applicant.	e to abide by
			cademic Calendars and I hereby agree to abide by all visions, deletions or additions made to them in the fu	
 Studen	t's Signature (Required)		