

Program Application Form

Return to:
Student and Instructor Services
185 Extended Education Complex, University of Manitoba
Winnipeg, MB R3T 2N2
Or, by email to extended@umanitoba.ca

204-474-8800
Toll Free: 1-888-216-7011 ext. 8800
Fax: 204-272-1626

STUDENT RECORDS:

Have you ever previously registered for any Extended Education course, or applied for a program at the University of Manitoba? Yes No

If "yes" U of M student number (if known): _____

Program/faculty you applied to: _____ Year of application: _____

Last year registered at U of M: _____

STUDENT INFORMATION:

Mr. Mrs. Dr. Ms. Miss *Last Name: _____

*First (Given) Name: _____ Middle Name(s): _____

Preferred First Name: _____ Date of Birth (yy/mm/dd)*: _____

Home Address: _____ City/Town: _____

Province: _____ Postal Code: _____

Day Phone: _____ Evening Phone: _____

*Email: _____ *Citizenship: _____ **Indicates required information*

OCCUPATIONAL HISTORY: (please complete in full)

Job Title: _____ Employer: _____

Employer Address: _____ City/Town: _____

Province: _____ Postal Code: _____

Business Phone: _____ Business Fax: _____

Preferred Mailing Address: Home Business

Job Responsibilities:

Other experience (paid or volunteer) that relates to your current educational goals:

EDUCATION HISTORY: (please complete in full)

Highest level of formal education achieved: _____ Name of educational institution: _____

Location of educational institution: _____ Date: _____

Additional training/courses completed or professional standing achieved:
 _____ Date: _____
 _____ Date: _____

What are your educational goals in applying for this program?

Where did you first hear about this program? _____

PROGRAM FEES:

Program Name:	
Program Application Fee*: <input type="checkbox"/> Canadian Students - \$100 <input type="checkbox"/> International Students - \$300	
CIM Member Fee*: <input type="checkbox"/> April to March (full year) - \$210+GST (\$10.50) = \$220.50 <input type="checkbox"/> January to March (winter term only) - \$105.00+GST (\$5.25) = \$110.25 (Mandatory for CIM students only)	
TOTAL	

*Program Application Fee and CIM Member Fee are non-refundable.

SIGNATURE:

I have read the program admission requirements for the program to which I am applying and meet the requirements. (Requested documents are enclosed.)

Student Number: _____ Signature: _____ Date: _____

Notice Regarding Collection, Use, and Disclosure of Personal Information by the University

Your personal information is being collected under the authority of *The University of Manitoba Act*. The information you provide will be used by the University for the purposes of registration, communication, and to process payment. Your personal information may be disclosed to other educational institutions, government departments and co-sponsoring organizations, and, for those students who are members of UMSU, it will be disclosed to the University of Manitoba Students' Union. Your personal information will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act* (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

METHOD OF PAYMENT:

All applicable fees must accompany program application form.

Cash – In-person only. Debit – In-person only. Cheque/Money Order – Payable to the University of Manitoba (post-dated cheques can not be accepted).

Invoice Employer – A request to invoice must be on letterhead and authorized by an official of the employer or sponsoring agency. Without prior credit history, amounts over \$1,000 require credit approval. Contact Student and Instructor Services at 204-474-8800 or Toll-free 1-888-216-7011 ext. 8800 for a copy of the required form.

Payment by credit card – Complete the following section. Visa MasterCard

Card holder's name (as it appears on the card): _____ Amount: \$ _____

Authorizing signature: _____

Credit card number: _____ Expiry date: _____