

# 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](mailto: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:**

<b>Program Name:</b>	
<b>Program Application Fee*:</b> <input type="checkbox"/> Canadian Students - \$100 <input type="checkbox"/> International Students - \$300	
<b>TOTAL</b>	

\*Program Application Fees 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.)

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: \_\_\_\_\_