

Student ID #

This form must be completed by all former St. Mary's University College students who have not registered for one or more years (Excluding GDRE and REAP).

## Personal Information

First Name	Middle Name	Last Name	<b>Submit to:</b>  <b>Enrolment Services Office</b>  St. Mary's University College 14500 Bannister Rd SE Calgary, Alberta T2X 1Z4  Tel: 403-531-9130 Fax: 403-531-9136  Website: <a href="http://www.stmu.ab.ca">www.stmu.ab.ca</a>  E-mail: <a href="mailto:registrar@stmu.ab.ca">registrar@stmu.ab.ca</a>
Street Address			
City	Province	Postal Code	
Home Phone	Work Phone	Cell Phone	
Email			
If you have been in school elsewhere, what institution(s) did you attend? <i>(Please have an official transcript sent.)</i>			
What program(s) were you enrolled in?			
What made you decide to return to St. Mary's University College?			

## Intended Enrolment Term & Program of Study

Start Term <input type="radio"/> Fall <input type="radio"/> Winter <input type="radio"/> Spring <input type="radio"/> Summer	Year	
Program <input type="radio"/> Liberal Arts & Sciences <input type="radio"/> Visiting <input type="radio"/> Audit <input type="radio"/> Bachelor of Arts <input type="radio"/> 4 year English <input type="radio"/> 3 year English <input type="radio"/> 3 year General Studies <input type="radio"/> 3 year History <input type="radio"/> 3 year Psychology <input type="radio"/> Bachelor of Education		

## Payment Method

A non-refundable fee of \$25 is charged when applying for a continuance.

Cheque                       Cash (*do not mail*)                       Debit                       Visa                       MasterCard                       AMEX

The following information only needs to be provided only if you are faxing or mailing your registration form *AND* paying by credit card:

Credit Card Number	Expiry Date	Cardholder's Signature
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## Declaration

This information is considered confidential and will be used and disclosed in accordance with privacy legislation and University College policies. This application forms part of your student record and is disclosed to relevant academic and administrative personnel. Specific information is disclosed to federal and provincial governments to meet reporting requirements and to our Students' Association in accordance with contractual agreements. St. Mary's University College reserves the right to refuse admission or cancel any admission ruling on medical or other grounds.

I hereby acknowledge the statement above and declare that the particulars furnished are true and complete in all respects. I understand that falsifying or omitting information on this application will result in dismissal from the University College. Completion of this application gives express permission to St. Mary's University College to request from other institutions my transcripts in addition to those already submitted. I agree, if admitted to St. Mary's University College, to comply with all the rules and regulations of the University College.

Applicant's Signature		Date	
<b>Office Use</b>			
Received	Entered	My.StMU Reset	Staff Init