PRESS FIRMLY
PLEASE PRINT

BRANDON UNIVERSITY

REGISTRATION FORM

270–18TH STREET, BRANDON, MANITOBA R7A 6A9 204-727-9735 FAX 204-726-4573

1. B.U. STUDENT NUMBER | 2. SOCIAL INSURANCE NUMBER (Optional)

3. SURNAME

GIVEN NAMES

4. DATE OF BIRTH (MO / DAY / YEAR) | 5. SINGLE [1] MARRIED [2] OTHER [3] | 6. MALE [1] FEMALE [2]

7. FORMER NAME

8. ARE YOU OF ABORIGINAL DESCENT? ☐ NO ☐ YES
☐ FIRST NATIONS ☐ METIS ☐ INUIT ☐ NON STATUS
ANSWERING THIS QUESTION IS VOLUNTARY. THE INFORMATION WILL BE USED TO HELP B.U. PROVIDE SERVICES FOR ABORIGINAL STUDENTS.

9. CHECK STUDENTS STATUS AT B.U.
REGULAR [1] MATURE [2] AUDITOR [4] VISITOR [5] TRANSFER [6] SR. CITIZEN [7] PROBATION [8] NO CREDIT [9] DUAL CREDIT [U] GRADUATE SPECIAL [G] GOOD STANDING [R]

10. CHECK IF YOU APPLIED FOR OR RECEIVED
MAN. GOV'T BURS. [1] CAN STUD. LOAN [2] B.U. SCHOL/BURS. [3]

11. CHECK IF REGISTERED AT B.U. LAST YEAR
YES ☐ NO ☐

IF NO, WERE YOU STUDYING AT
HIGH SCHOOL [3] COMM. COLLEGE / UNIVERSITY [4] NOT STUDYING [5] WORKING [5]

12. DECLARED MAJOR - 1 | DECLARED MAJOR - 2

13. DECLARED MINOR(S)
1. | 2. | 3.

14. CHECK DEGREE / CERTIFICATE SOUGHT

B.A. 3	11	M.R.D.	MR	B.Phys. Ed St.	BP	M.Mus.	D	FNAC	FN
B.A. 4	12	M.R.D. DIP	RD	B.Ed. (AD)	J	B.Mus. 4 (Hon.)	18	M Psych Nrsg	MP
B.A. 4 (Hon.)	22	B.Sc. 3	13	Grad Dip.	V	B.Mus. 4 (Per.)	19	Pre Indgn Health	PI
B.B. A.	#	B.Sc. 4	14	M.Ead.	Q	Nil	Z	Pre Nrsng	PN
B.A.	16	B.Sc. 4 (Hons.)	32	M.Ed. 1	Q1	B.Sc. N.	+	Pre Psych Nrsng	PP
B.ED. (AD) Integrated	17	B.Sc. 3 (DisMJ)	3D	B.Mus. 4	8	B.Sc. M.H.	U	I.H.H.S.	IH
B.Fine Arts	41	B.Sc. 4 Enviro Sc.	40	B.Mus. 4 (Spec)	P	B.Sc. P.N.	O		
B.F.A. (Hon.)	42			B.Mus/ B.Ed. (AD)	W	B.Nursing	BN		

15. CHECK IF SPONSORED BY AN AGENCY
IF YES, GIVE NAME
YES ☐ NO ☐

16. IF NOT CANADIAN
STATE CITIZENSHIP.

17. DATE EXPECTED TO GRADUATE FROM B.U. ☐ FEBRUARY ☐ OCTOBER ☐ MAY YEAR

A. IT IS THE STUDENT'S RESPONSIBILITY TO ENSURE THAT THE PREREQUISITE, MAJOR/MINOR, DEGREE AND GRADUATION REQUIREMENTS ARE MET.
B. STUDENTS MUST COMPLETE THEIR OWN REGISTRATION - A PERSON MAY NOT COMPLETE A REGISTRATION ON BEHALF OF ANOTHER.
C. I CERTIFY THAT ALL INFORMATION IS CORRECT, COMPLETE AND TRUE.
D. I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE USE OF MY PERSONAL INFORMATION AS DESCRIBED ON THE BACK OF THIS FORM.

DATE | STUDENT'S SIGNATURE

ADDRESS	NUMBER & STREET/BOX #	TOWN OR CITY	PROVINCE OR COUNTRY	POSTAL CODE	PHONE NO.
18. CURRENT SESSIONAL ADDRESS					
19. PERMANENT HOME ADDRESS	SAME AS [18]				

PROGRAMME OF STUDIES - PLEASE PRINT ONLY AS PER REGISTRATION GUIDE

DEPT NO.	SUB DEPT NAME	COURSE NO.	SECT NO.	TERM	COURSE TITLE	SLOT NO. / TIMES	SESSION (CHECK ONE)	CR HRS.
							SPRING ☐ SUMMER ☐ REGULAR ☐	
							SPRING ☐ SUMMER ☐ REGULAR ☐	
							SPRING ☐ SUMMER ☐ REGULAR ☐	
							SPRING ☐ SUMMER ☐ REGULAR ☐	
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							SPRING ☐ SUMMER ☐ REGULAR ☐	

**** NOTE: A degree change may require the Dean's signature.***

Comments and Approvals:

Date | Dean's / Chair's Signature

Please do not write in this area

COURSE WITHDRAWAL MUST BE SUBMITTED IN WRITING
DO NOT MAIL IN REGISTRATION FORM IF A COPY HAS BEEN FAXED 204-726-4573

FEE INFORMATION

SPRING & SUMMER - PAYABLE IN FULL 5 DAYS PRIOR TO SESSION START
REGULAR SESSION - PAYABLE BEFORE LECTURES COMMENCE

ALL INQUIRIES SHOULD BE DIRECTED TO FINANCIAL & REGISTRATION SERVICES.
PHONE 204-727-9724 OR 204-727-9735. PLEASE QUOTE YOUR STUDENT NUMBER ON ALL CORRESPONDENCE.

See Reverse Side for Important Information

YELLOW - STUDENT'S COPY
PINK - ACCOUNTING COPY
WHITE - REGISTRATION COPY