

1 Previous application

 Have you **ever applied** for admission to any other program at U of M?

 Yes No If 'yes', Faculty and year of application:

Faculty: _____ Year: |__|__|__|__|

If 'yes' did you register and attend classes?

 Yes; year last registered: |__|__|__|__| No

U of M student number (if known): |__|__|__|__|__|__|__|__|__|__|

2 Personal information

Please print

Family name	
First name and middle name(s). Use full legal names (no initials).	
Previous or other names	
Canadian Social Insurance Number	Date of birth (year/month/day)
Place of birth (province or country)	Title (Mr., Miss, Ms, Mrs., Dr., Rev.)
Gender: Male ___ Female ___	Citizenship

Citizenship and immigration status

Check one box.

- Canadian Citizen Date of entry if not born in Canada: |__|__|__|__|
Year Month
- Permanent Resident Date of entry: |__|__|__|__|
Year Month
- Student Permit Date of entry: |__|__|__|__|
Year Month
- Convention Refugee Date of entry: |__|__|__|__|
Year Month
- Other (specify): _____

Mailing address

Post office box or number and street	
City or town and province	
Country	Postal code
Home telephone ()	Business telephone ()
E-mail:	

Home or personal address (if different from above)

Post office box or number and street	
City or town and province	
Country	Postal code
Home telephone ()	Business telephone ()

3 University or college: current attendance

Expected date of graduation	Name of institution	Province (Country if outside Canada)
year/month 		

4 Declaration

Please read all application materials carefully. Failure to disclose relevant facts (including ALL previous attendance at post-secondary institutions) and/or submission of false information or documentation may result in acceptance and registration being withdrawn. If this information is discovered in a subsequent session it may result in dismissal from the University. Registration at a post-secondary institution subsequent to the submission of this application must be declared in writing.

Freedom of Information and Protection of Privacy Act

This personal information is being collected under the authority of *The University of Manitoba Act*. It will be used for the purposes of admission, registration, assessment of academic status, and communication with the student. It 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. Information regarding graduation and awards may be made public. It is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, contact the FIPPA/PHIA Coordinator's Office, University of Manitoba Archives & Special Collections, 331 Elizabeth Dafoe Library, Winnipeg, Manitoba, Canada, R3T 2N2 (tel. 204-474-8339).

Notice Regarding Disclosure of Personal Information to Statistics Canada

The Federal *Statistics Act* provides the legal authority for Statistics Canada to obtain access to personal information held by educational institutions. The

information may be used only for statistical purposes, and the confidentiality provisions of the *Statistics Act* prevent the information from being released in any way that would identify a student.

At any time, students who do not wish to have their information used are able to ask Statistics Canada to remove their identifying information from the national database.

Further details on the use of this information can be obtained from Statistics Canada's web site: <http://www.statcan.ca> or by writing to the Post-Secondary Section, Centre for Education Statistics, 17th Floor, R.H. Coats Building, Tunney's Pasture, Ottawa Ontario, Canada, K1A 0T6

Declaration

- I hereby certify that I have read and understood the instructions and information on this application form and on the *Application Guide* and that all statements made in connection with this application are true and complete.
- I understand that the application fee submitted with this form is non-refundable and not credited towards the tuition fees.
- I authorize the University to verify any information, transcripts, or reference letters provided as part of this application.
- I accept that any information on falsified documents may be shared with the Association of Registrars of the Universities and Colleges of Canada
- I authorize my high school/university to release my academic record/s should the need arise to accelerate the processing of this application.

DATE: _____

SIGNATURE OF APPLICANT: _____

Visiting Elective Choices

5. Elective Choices *

First Choice:

Department/Specialty: _____ Total No. of Weeks: _____

Start Date: _____ to End Date: _____
(month/day/year) (month/day/year)

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Hospital _____	
Department's Signature _____	Date _____

PLEASE CIRCLE: AND / OR

Second Choice:

Department/Specialty: _____ Total No. of Weeks: _____

Start Date: _____ to End Date: _____
(month/day/year) (month/day/year)

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Hospital _____	
Department's Signature _____	Date _____

*Additional information for Family Medicine elective requests:

Please indicate here if you wish:

Rural: Yes / No, site preferred _____,

Urban: Yes / No, Winnipeg site

Preliminary Preceptor Contacted: Yes / No, name _____

6. Confirmation from Applicant's University

This is to certify that _____ is a student in their _____ year

of study of a _____ year degree program at the University/School of _____

in the Faculty of Medicine. He/she will be in their _____ year at the time of the requested elective.

He/she is a student in good standing and has my approval to take the above noted elective(s) for credit.

Does the applicant speak, read, and write English competently? Yes No

Name of Dean or Designate (please print)

Position Held

Signature

Date

School Seal / Stamp: