

FIRST-TIME APPLICATIONS to UPEI NON-PROFESSIONAL PROGRAMS must be accompanied by a non-refundable application processing fee **AND** **PROFESSIONAL PROGRAM APPLICATIONS**—all applications to a PROFESSIONAL PROGRAM (Education—BEd, Nursing—BScN, Radiography—BASR, and Doctor of Veterinary Medicine—DVM)—EVEN IF THE APPLICATION PROCESSING FEE WAS PAID WITH A PREVIOUS APPLICATION—must be accompanied by a non-refundable application processing fee.

PLEASE SELECT APPROPRIATE CATEGORY FOR APPLICATION PROCESSING FEE
 CANADIAN APPLICANTS—\$50, **OR** **INTERNATIONAL APPLICANTS**—\$75 **OR** **DVM APPLICANTS**—\$75

I AM APPLYING FOR

FULL-TIME STUDENT STATUS PART-TIME STUDENT STATUS

BEGINNING SEMESTER/YEAR

SEPTEMBER, _____ YEAR JANUARY, _____ YEAR SUMMER SESSION I (MAY), _____ YEAR SUMMER SESSION II (JULY), _____ YEAR

A. PERSONAL DATA (Please print clearly)

SOCIAL INSURANCE NUMBER (if applicable, optional)

NOTE: Social Insurance Number is required for processing PEI government awards and bursaries

DATE OF BIRTH:

DAY MONTH YEAR

GENDER: MALE FEMALE

ABORIGINAL PEOPLES (voluntary declaration)

Aboriginal peoples include individuals who are status, non-status, Métis, or Inuit. Based on this do you consider yourself an aboriginal person? YES NO
This information is collected for statistical purposes, to assist the University in assessing and improving services to students who are aboriginal.

NAME

STUDENT'S NAME:

LAST FIRST MIDDLE

PREFERRED NAME _____

BIRTHNAME IF DIFFERENT, OR IF ACADEMIC RECORDS ARE UNDER ANOTHER NAME. _____

B. PERMANENT ADDRESS: (NOTICE IN WRITING REQUIRED TO CHANGE)

 STREET OR BOX NO.

 TOWN/CITY PROVINCE/STATE COUNTRY POSTAL/ZIP CODE

 HOME TELEPHONE WORK TELEPHONE

CURRENT MAILING ADDRESS: (Can update via campus login with ID# & PIN)

 STREET OR BOX NO.

 TOWN/CITY PROVINCE/STATE COUNTRY POSTAL/ZIP CODE

 HOME TELEPHONE WORK TELEPHONE ACTIVE EMAIL ADDRESS

NAME OF PARENT, GUARDIAN, OR SPOUSE (Underline one):

 LAST FIRST MIDDLE

 ADDRESS (IF DIFFERENT FROM PERMANENT ADDRESS ABOVE)

 TOWN/CITY PROVINCE/STATE COUNTRY POSTAL/ZIP CODE

 HOME TELEPHONE WORK TELEPHONE ACTIVE EMAIL ADDRESS

KEEP UPEI UPDATED OF ANY ADDRESS CHANGES

E. LANGUAGE SKILLS

FIRST LANGUAGE (IF OTHER THAN ENGLISH): _____

THE LANGUAGE OF INSTRUCTION THROUGHOUT MY EDUCATION WAS ENGLISH.

I HAVE TAKEN AN ENGLISH-LANGUAGE PROFICIENCY TEST. (OFFICIAL MARKS REQUIRED FROM TEST COMPANY.)

CanTest IELTS MELAB TOEFL PTE Other _____

I WILL BE TAKING AN ENGLISH-LANGUAGE PROFICIENCY TEST AND THE RESULTS WILL BE AVAILABLE BY:
 MONTH _____/YEAR _____

C. I AM APPLYING

- from high school application from grade 11
- as a 2nd-entry professional schools program candidate (Education, Veterinary Medicine, Nursing, or Radiography)
- from another university (transfer in)
- as a returning UPEI student
- from a college (with a Diploma)
- as a mature student (at least 21 years of age)
- as an exchange student
- on a letter of permission (visiting student)
- grade 12 concurrent enrolment

D. EDUCATIONAL OBJECTIVES

What is your immediate educational objective?

- First Bachelor's degree
- Second Bachelor's degree
- Doctor of Veterinary Medicine
- Diploma Certificate
- Formal exchange Audit courses only
- Credit transfer to another university
- OTHER (explain) _____

FACULTY OF APPLICATION:

Arts, Science, Business, Education, Nursing, Veterinary Medicine, or Integrated Studies

1st Choice _____

2nd Choice _____

INTENDED MAJOR OR PROGRAM (optional)

NOTE: Transfer students must declare a major

1st Choice _____

2nd Choice _____

IF UNDECIDED, WHAT SUBJECT AREA INTERESTS YOU?

*** SEE ONLINE CALENDAR FOR CURRENT PROGRAMS AND SPECIAL ADMISSION REQUIREMENTS: upei.ca/registrar**

F. STUDENTS WITH DISABILITIES

Completion of the following is voluntary and will remain confidential.

For the purposes of this questionnaire, disabilities are long term or recurring impairments and include: mobility, sensory, mental health, physical and/or learning disabilities.

Do you consider yourself a person with a disability? YES* NO

*If you require accommodation that relates to your disability, you must register with Accessibility Services and provide appropriate documentation (for information and forms, please visit: upei.ca/studentlife/accessibility). Your contact information will be shared with UPEI Accessibility Services.

G. ACADEMIC HISTORY (To be completed by ALL applicants)

LIST ALL PREVIOUS EDUCATIONAL EXPERIENCE AND INDICATE DEGREES, DIPLOMAS, OR CERTIFICATES RECEIVED. IF YOU NEED TO LIST ADDITIONAL INSTITUTIONS, PLEASE ATTACH A SEPARATE PAGE.

● SECONDARY SCHOOL: OFFICIAL TRANSCRIPT(S) MUST BE FORWARDED DIRECTLY FROM EACH HIGH SCHOOL YOU ATTENDED—WITH THE EXCEPTION OF THOSE APPLYING TO EDUCATION—BED, or RADIOGRAPHY—BASR

OFFICIAL NAME OF SCHOOL

LOCATION

DATES OF ATTENDANCE

_____/_____
FROM MONTH/YEAR

_____/_____
TO MONTH/YEAR

YEAR OF GRADUATION

PEI PROVINCIAL STUDENT ID

● POST-SECONDARY (Colleges or Universities): OFFICIAL TRANSCRIPT(S) MUST BE FORWARDED DIRECTLY FROM EACH COLLEGE/UNIVERSITY EXCEPT UPEI

OFFICIAL NAME OF SCHOOL

LOCATION

DATES OF ATTENDANCE

_____/_____
FROM MONTH/YEAR

_____/_____
TO MONTH/YEAR

(If currently enrolled) I plan to leave ____/____
MONTH /YEAR

DEGREES, DIPLOMAS, OR CERTIFICATES RECEIVED

H. LEGAL RESIDENCE

PROVINCE OF LEGAL RESIDENCE
(where you graduated from high school, where your parents live, or where you have lived for greater than or equal to twelve months while NOT a student at any post-secondary institution)

COUNTRY OF PERMANENT
LEGAL RESIDENCE

COUNTRY OF CURRENT CITIZENSHIP

I. IF NOT CANADIAN CITIZEN, IMMIGRATION STATUS

- PERMANENT RESIDENT
 NO STUDENT AUTHORIZATION AT THIS TIME
 STUDENT AUTHORIZATION
 OTHER CANADIAN VISA

ENTRY DATE TO CANADA

MONTH _____ YEAR _____

J. RESIDENCE—STUDENT ON-CAMPUS HOUSING

Please Note: If you wish to stay in a UPEI Residence, a separate residence application form is required and available at upei.ca/residence/apply or by calling (902) 628-4368.

K. I UNDERSTAND THAT FAILURE TO DISCLOSE MY ATTENDANCE AT ANY HIGH SCHOOL, COLLEGE, OR UNIVERSITY, AND FAILURE TO SUBMIT TRANSCRIPTS WHERE APPLICABLE, MAY RESULT IN THE DENIAL OF THIS APPLICATION OR MY SUBSEQUENT DISMISSAL FROM THE UNIVERSITY. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE AND THAT ALL RECORDS ARE COMPLETE AND UNALTERED. IF ACCEPTED TO THE UNIVERSITY OF PRINCE EDWARD ISLAND, I AGREE TO ABIDE BY THE UNIVERSITY REGULATIONS.

SIGNATURE _____ DATE _____

FAX THIS COMPLETED FORM TO (902) 566-0795 OR MAIL TO
REGISTRAR'S OFFICE • UNIVERSITY OF PEI • 550 UNIVERSITY AVENUE • CHARLOTTETOWN • PE • CANADA • C1A 4P3

APPLY ONLINE AT upei.ca/apply