

## NON-DEGREE / VISITING STUDENT REGISTRATION FORM

### REGISTRAR'S OFFICE

1407 14 Avenue NW  
Calgary, Alberta T2N 4R3

T: 403.284.7634  
F: 403.284.7644

E: registrar@auarts.ca  
www.auarts.ca

Fall 20 \_\_\_\_  Winter 20 \_\_\_\_

Non-Degree and Visiting Students must register in person at the Registrar's Office on the date specified in the Academic Schedule. Registration in courses is subject to space availability and meeting the prerequisite level of studio skill and/or academic achievement, as evidenced by a portfolio and/or official transcripts. Transcripts must be submitted with this form. A \$112.50 application fee will be assessed at the time of registration. Visiting and Non-Degree students who intend to register in studio courses must present a portfolio demonstrating prerequisite skill for the courses sought. This portfolio should be presented at the time of registration.

Mobility Students who have been accepted to study at AUARTS must complete this form in order for their registration requests to be considered. No fee is required.

### 1. CATEGORY OF STUDY SOUGHT (select one)

- A Visiting Student is a student from another recognized post-secondary institution who wishes to complete courses at AUArts to transfer back to his/her home institution. Visiting Students must provide an official transcript and a Letter of Permission from their home institution granting approval for all courses sought.
- A Non-Degree Student is a student who has not been admitted to a program at AUArts but wishes to complete courses at AUArts. Students must submit official transcripts from their high school and any post-secondary institutions attended, if any. As well they need to bring a small portfolio of art work for review for admission. Courses in Visual Communications Design and Photographic Arts are not available for Non-Degree study. Non-Degree students who intend to register in Liberal Studies courses must submit official transcripts from their high school or post-secondary institution indicating they meet the prerequisites for the courses sought.

### 2. PERSONAL INFORMATION

NAME: \_\_\_\_\_  
last first middle

PREVIOUS NAME: \_\_\_\_\_  MALE  FEMALE DATE OF BIRTH: \_\_\_\_\_  
if applicable day/month/year

AUArts ID # (if known): \_\_\_\_\_ EMAIL: \_\_\_\_\_  
if known

ADDRESS: \_\_\_\_\_  
street / box office number city

\_\_\_\_\_ province country postal code

TELEPHONE: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
home work

### 3. REGISTRATION INFORMATION

Please indicate the course(s) in which you hope to register.

COURSE CODE & NUMBER <small>(ie)</small>	CRN	SEC	TITLE	APPROVAL	DATE
DRWC 201	20549	A	Drawing Systems	Chair or Designate	

### OFFICE USE/SAAQUIK (create application record)

TERM: \_\_\_\_\_

VISITING?NON-DEGREE: \_\_\_\_\_ LEVEL: 01 CAMPUS: 1 UNIVERSITY: 08 DEGREE: 4 PROGRAM: UNCL

MOBILITY: \_\_\_\_\_ RATE: MOBI LEVEL: 01 CAMPUS: 1 UNIVERSITY: \_\_\_\_\_ DEGREE: \_\_\_\_\_ PROGRAM: \_\_\_\_\_

MAJOR:  NDGR  VSTS  \_\_\_\_\_ DATE ENTERED: \_\_\_\_\_

#### 4. PREVIOUS EDUCATION

MOST RECENT HIGH SCHOOL ATTENDED:

\_\_\_\_\_ name \_\_\_\_\_ city \_\_\_\_\_ dates attended

HIGHEST GRADE COMPLETED: \_\_\_\_\_ DIPLOMA RECEIVED:  YES  NO

ALBERTA STUDENT NUMBER (if known): \_\_\_\_\_

PREVIOUS POST-SECONDARY INSTITUTIONS ATTENDED/ATTENDING (HOME INSTITUTION FOR MOBILITY STUDENTS):

\_\_\_\_\_ name \_\_\_\_\_ city \_\_\_\_\_ dates attended

PROGRAM: \_\_\_\_\_ HIGHEST LEVEL OBTAINED: \_\_\_\_\_

Transcripts OK for admission  Needs final transcripts by September Initials: \_\_\_\_\_

#### 5. OTHER INFORMATION

MARITAL STATUS:  SINGLE  MARRIED  OTHER

CITIZENSHIP STATUS:  CANADIAN CITIZEN  INTERNATIONAL/NON CITIZEN  
 PERMANENT RESIDENT

COUNTRY OF CITIZENSHIP (if not Canadian): \_\_\_\_\_

COUNTRY OF RESIDENCE DURING LAST YEAR: \_\_\_\_\_

FIRST LANGUAGE SPOKEN:  ENGLISH  FRENCH  OTHER: \_\_\_\_\_  
specify

ACTIVITY DURING LAST YEAR:  EMPLOYED  STUDENT  OTHER: \_\_\_\_\_  
specify

LOCATION: \_\_\_\_\_

ABORIGINAL STATUS:  INUIT  STATUS INDIAN/First Nations  
(If you wish to declare)  METIS  NON STATUS INDIAN/First nations

#### 6. EMERGENCY CONTACT

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
home work

#### 7. DECLARATION

The information collected on this form is collected under the authority of the Post-secondary Learning Act, the Freedom of Information and Protection of Privacy Act, the Statistics Act (Canada) and the Taxation Act (Canada). The information will be protected by the provisions of the Freedom of Information and Protection of Privacy Act.

I acknowledge that the information will be used to create records for the purpose of determining eligibility for admission to Alberta University of the Arts and to distribute information about university programs and services. I understand that all documentation submitted in support of this or any subsequent application for admission, financial award or any appeal or petition becomes the property of the University and will not be returned to me. If I am admitted, the information will be part of my student record and will be disclosed to relevant academic and administrative departments for the purposes of administration of AUArts policies, procedures and services, registration, providing tax receipts, determining eligibility for scholarships and awards, graduation, distributing follow-up educational information, university research, and university alumni programming. In addition, specific elements of information will be disclosed to the federal and provincial governments to meet reporting requirements and to the AUArts Students' Association and other cooperating educational, funding and workplace agencies in accordance with contractual agreements. If granted an award, pertinent information will be released to the donor of the award and provincial funding bodies. At AUArts, the following information is defined as a student's public record: name, dates of registration and graduation, major and degree/diplomas awarded, and awards received/granted. For more information regarding the collection or use of this information, contact the Registrar at 403 284 7634.

I certify that I have read and understood all the instructions and information accompanying this application form and that all statements made in connection with this application are true and complete in all respects. I understand that misrepresentation, falsification of documents, or withholding requested information are serious offences which may result in the cancellation of my admission and / or registration at AUArts. If I am admitted, I agree to be bound by the rules and regulations in existence or as amended from time to time by the AUArts Board of Governors.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
day/month/year