

Undergraduate Application for Admission For Nunavut Arctic College (NAC) University of Regina Transfer Student Bachelor of Education (P/E) ONLY

Students with Disabilities

St. John's Campus - Visit the Glenn Roy Blundon Centre's website at www.mun.ca/blundon or contact the Centre at (709) 864-2156 or (709) 864-4763 (TTY) or at blundon@mun.ca.

Email Communication

Application and admission correspondence will be sent by email to the address you supply with this application. If admitted to the University you will be assigned an "@mun.ca" email account prior to the start of registration for your semester of admission. Registration-related and other communication will be sent to that email address. See "I've Applied Now What?" for further information at https://www.mun.ca/undergrad/admissions/applied/

Application Checklist

- o Review application and admission requirements and deadlines at https://www.mun.ca/undergrad/admissions/apply/.
- o Ensure that all applicable sections of the application are completed and that your entries are legible
- o Confirm and arrange to provide all required supporting documents as soon as possible.
- o Read, sign, and date the declaration on page 3.
- o Enclose your application fee.
- o Submit your application in person or by mail, fax, or email as follows:

Office of the Registrar Memorial University of Newfoundland Room A-2000, Arts and Administration Building 230 Elizabeth Avenue P.O. Box 4200, St. John's, NL Canada A1C 5S7 fax: (709) 864-4893

email: admissions@mun.ca

Personal Information and Protection of Privacy

The information requested on this form is collected under the authority of the Access to Information and Protection of Privacy Act, 2015 and is needed:

- assign your Memorial University student identification number
- to process your application for admission to verify your qualifications and determine your eligibility for admission for administration of student records, scholarships, and awards for provision of student and alumni services
- · for university planning and research

Upon registration at Memorial University, this information will form part of your official student record and will be used to document your progress in an academic program. The information you provide and information generated about you during the course of your studies may be shared with academic and administrative units: donors or representatives of university-administered scholarships/bursaries/ awards; federal and provincial agencies as legally required; student governance associations; high school or post-secondary institutions as necessary for new and transfer applicants; and private health insurance provider(s) as necessary. To best support student learning and achievement, Memorial University uses learning analytics: the measurement, collection, analysis, and reporting of relevant data about learners and their contexts. Some of the information collected on this application form, together with data about your academic progress and your experience at Memorial, will be shared with EAB as part of Memorial's Student Success Collaborative (SSC). Memorial and EAB are committed to protecting the privacy and security of your personal data. If you would like to further discuss how Memorial uses the information you provide to support your academic achievement, please contact the University Registrar at (709) 864-8260 or registrar@mun.ca

MEMORIAL UNIVERSITY STUDENT NUMBER, SEMESTER, AND CAMPUS Semester and Year for which application is being made: Memorial University Student Number (if known)				
Semester/Year				
Fall (Sept.), 20				
	NOTE: Each applicant for admission is assigned a			
CAMPUS: X St. John's Campus	identification number (MUN Student ID). This num personal, application, and academic information t			
Cohort: NSTEP	University and should be quoted on all communic the Registrar.	ation with the Office of		
	Have you previously applied for admission?	Yes 🗆 No 🗆		
Card, Study Permit, or Marriage Certificate. This name will appear	name as shown on one of the following documents: Birth Certificate, Passp on your University record and official correspondence. It is very important ncy contact, or citizenship after you have submitted your application	port, Permanent Resident that you advise the Office of		
Title: Full Name:				
(Mr., Mrs., Ms., Dr., etc.)	(Family) (First)	(Second)		
Previous Family name (if applicable):	Preferred First Name:			
	t is important that the mailing address be a street address including a build correspondence.			
City/Town:	Province/Territory/State:			
Country:				
Telephone # Primary:	·			
E-mail:				
E-mail correspondence: You must supply a valid email address to complete this application. It should be one that you use regularly. Application and admission correspondence will be sent by email to this address. It is your responsibility to check your @mun.ca email frequently.				
Country of Residence (At time of application):	If Canada, Province/Territory: Pos	tal Code:		
Date of Birth: (Day) (Month) (Year)	Gender: ☐ Male ☐ Female ☐ Another Gender Identity			
Social Insurance Number (SIN) (optional):	Aboriginal People: An Aboriginal person is a person of First Nations Metis, or Inuit ancestry, whether or not they hold membership in an			
	Are you an Aboriginal person (optional)?	□ Yes No □		
	wish to authorize another person to have access to or receive ap esentative Form" found here: <u>www.mun.ca/regoff/forms.php</u> Relationship	plication information,		
(Mr., Mrs., Ms., Dr., etc.) (Family)	(First) to applicant:			
☐ SAME AS PERMANENT MAILING ADDRESS	E-mail:			
Street or P.O. Box #:	City/Town:			
Province/Territory/State:				

NO 🗌

YES □ NO □

 $\textbf{CITIZENSHIP/RESIDENCY STATUS} \ \ \text{Do you hold Canadian citizenship?} \quad \text{YES} \ \square$

If no: Do you hold a valid Permanent Resident Card (PRC) issued by the Government of Canada? Country of citizenship:

PRIOR EDUCATION			2	
HIGH SCHOOL/SECONDARY SCHOOL: List all current or former schools attende seeking readmission, visitors, or transfer applicants who have been awarded a deg				
Name of Institution Province/Country	From	То	Language	
1	(MM/YYYY)	(MM/YYYY)	of Instruction	
2.				
Month/Year High School Diploma Completed/Expected:				
Please indicate whether you have completed courses or received a Certificate or D	iploma in any of	the following:		
☐ IB (International Baccalaureate) full ☐ AP (Advanced Placement) ☐ IB (International Baccalaureate) partial ☐ A.B.E.	☐ GCE ☐ "A" l	"O" Levels Levels	☐ WAEC ☐ OTHER	
POST-SECONDARY Complete this section if you have ever attended any post-second paper if you have attended more than three institutions. Include all institutions, regard not courses were completed, or whether or not you believe the record has a bearing	ondary institution(ordless of the leng on your admission	(s) other than Memo th of attendance, le on or eligibility for t	orial University. Use additional evel of program, whether or ransfer credit.	
Withholding information requested on this application is a serious offence and may Academic Misconduct. Please see the General Regulations in the University Calence				
Name of Institution Province/Country	From (MM/YYYY)	To (MM/YYYY)	Language of Instruction	
1				
2				
3				
Degree(s)/Diploma(s)/Certificate(s) Awarded. (Include Credential, Date Awarded	and Institution)			
1				
2				
PROGRAM OF STUDY			3	
EDUCATION, FACULTY OF:				
B.Ed. (Primary/Elementary) (First degree) under the Nunavut Arctic College Agreement				
CATEGORY OF ADMISSION AND REQUIRED DOCUMENTATION Select one Category of Admission below and make note of the documents necessary to assess your application. Documents submitted in support of an application cannot be returned.				
*Note: All required academic transcripts must be sent directly by the institution you attended or the authority that issues these records (e.g. Department of Education). In all categories noted below additional documentation may be required depending on program selection. This will be clarified as the application process unfolds. In addition, English Language Proficiency requirements apply to all applicants. Please consult the University Calendar for further information.				
Transfer (attended or attending another recognized post-secondary institution). Documents required: Official interim (if courses in progress) and final transcripts from all post-secondary institutions attended, and official course outlines for courses completed at recognized international post-secondary institutions. If a degree has not been awarded, an official high school transcript is also required.*				
Declaration: I hereby apply for enrolment at Memorial University of Newfoundland and certify that the information contained herein is complete and correct. I understand that the failure to disclose information required on this application form is considered to be an academic offence. If admitted, I agree to abide by all of the rules and regulations set out by the University. I make this application with the acknowledgment that it is subject to all of the provisions of the current and future University Calendars which govern my course of study at the University, including, without restricting the generality of the foregoing, any and all limitations and qualifications set out therein. I hereby authorize Memorial University of Newfoundland to contact any school or post-secondary institution which I have attended for further information regarding my academic record as needed or to share misrepresented or falsified educational credential information with other post-secondary institutions and to release to agencies with legitimate interest any non-confidential information. If I am a current or recent Newfoundland and Labrador high school student, I authorize the Department of Education, in the Province of Newfoundland and Labrador, to release my high school records to the Office of the Registrar, Memorial University of Newfoundland. Signature: Date:				
Signature: Date:				
Thank you for your interest in Memorial University. The Office of the Registrar will contayour Memorial University Student ID and requested Program of Study and any addition	act you very soon all information that	following submissior t may be required to	n of your application to confirm complete your application.	