

## GENERAL STUDIES

## REQUEST FOR INDIVIDUAL COURSE REGISTRATION

Complete this form to request permission to enroll in an individual course. A separate form must be used for each course request. It is strongly recommended that requests be submitted a minimum of 90 days prior to the course start date.

Once all required sections are complete, submit this form to admissions@royalroads.ca to initiate the approval process. Failure to complete all required sections\* may result in processing delays.

The program area responsible for course delivery may request supporting documentation or require prerequisites. If permission is granted, students will receive a confirmation email upon registration and an invoice from Student Accounts.

COURSE INFORMATION	COL	JRSE	<b>INFO</b>	RMAT	ΓΙΟΝ
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Course Code*	
Course Name*	
Start Date*	7 (5/5)

#### **PERSONAL INFORMATION**

RRU Student ID (if applicable)

Personal Education Number (PE	N) (if known)	
First/Given Name(s)*		
Middle Name(s)*		No Middle Name
Family/Surname*		No Family/Surname
Former Family/Surname(s) (if ap	oplicable)	
Preferred First Name*		
Gender* Male Female Oth	ner	
Date of Birth* (mm/dd/yyyy)		
Primary Language* Englis	sh Other (specify)	
English is the primary language required to meet our English lan		All students are
Country of Birth*		
Country of Citizenship*		
Immigration Status (if not a Canadian Citizen)	Permanent Resident Student Visa Other (specify)	
	Entry Date to Canada	

#### **CONTACT INFORMATION**

Address\*

City*	Prov*	Country*
Postal Code*	Phone*	
Other Phone	Work Phone	
(optional)	(optional)	
Email*		

#### **OTHER INFORMATION** (optional)

Do you identify yourself as an Aboriginal person, that is, First Nations, Métis or Inuit? Yes No

If you identify yourself as an Aboriginal person, are you:

Metis Inuit First Nations

If you have a temporary or permanent disability or health condition that affects your learning, we can help. You can request physical or academic accommodations or other support through Accessibility Services.



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registration form is true and correct to the best of my knowledge.  I understand that completion of this signed registration form permits Royal Roads University to request and/or confirm any information necessary to support my registration. The submission of false statements and documents will result in the immediate and permanent cancellation of registration to Royal Roads University and that information on falsifications will be shared with the Association of Registrars of Universities and Colleges of Canada.  I understand that successful completion in courses as a General Studies student does not guarantee acceptance into certificate, diploma, or degree programs at the University.  I understand Royal Roads University collects, uses and discloses personal information for the purposes of admission, registration and other activities related to management of a British Columbia public post-secondary institution pursuant to the University Act (RSBC 1996), the Royal Roads University Act (RSBC 1996) and the Freedom of Information and Protection of Privacy Act (RSBC 1996). I have read and understand the Royal Roads University Personal Information of Applicants and Student policy.	Declare all post-secondary studies currently or pr	eviously attended for wh	nich academic credit was, or is expected to be, granted.
REGISTRATION DECLARATION  I hereby declare that the information I have submitted in this registration form is true and correct to the best of my knowledge.  I understand that completion of this signed registration form permits Royal Roads University to request and/or confirm any information necessary to support my registration. The submission of false statements and documents will result in the immediate and permanent cancellation of registration to Royal Roads University and that information on falsifications will be shared with the Association of Registrars of Universities and Colleges of Canada.  I understand that successful completion in courses as a General Studies student does not guarantee acceptance into certificate, diploma, or degree programs at the University.  I understand Royal Roads University (RSBC 1996), the Royal Roads University Act (RSBC 1996), the Royal Roads University Personal Information of Applicants and Student policy.	INSTITUTION NAME (include country if not Canada)	PROGRAM AND/OR CO	DURSES COMPLETED (yes/no)
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	SIGNATURE*	DATE*	