

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.

PERSONAL INFORMATION

RRU Student ID (if applicable)

Personal Education Number (PEN) (if known)

First/Given Name(s)*

Middle Name(s)*

No Middle Name

Family/Surname*

No Family/Surname

Former Family/Surname(s) (if applicable)

Preferred First Name*

Gender*

Man

Non-binary

Date of Birth* (mm/dd/yyyy)

Primary Language*

English

Other (specify)

English is the primary language of instruction at Royal Roads. All students are required to meet our [English language requirements](#).

Country of Birth*

Country of Citizenship*

Immigration Status

(if not a Canadian Citizen)

Permanent Resident

Student Visa

Other (specify)

Entry Date to Canada

COURSE INFORMATION

Course Code*

Course Name*

Start Date*

CONTACT INFORMATION

Address*

City*

Prov*

Country*

Postal Code*

Phone*

Other Phone
(optional)

Work Phone
(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](#).

EDUCATION HISTORY

Declare all post-secondary studies currently or previously attended for which academic credit was, or is expected to be, granted.

INSTITUTION NAME <i>(include country if not Canada)</i>	PROGRAM AND/OR COURSES	COMPLETED <i>(yes/no)</i>

EMPLOYMENT HISTORY

Provide an overview of your most recent employment history.

EMPLOYER	POSITION	DURATION

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 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](#).

TUITION AND FEES

Course fees will be determined upon approval and invoiced 30 days prior to the course start date. At the time of registration, students will be invoiced a non-refundable [General Studies application fee](#) along with course fees. Students will not be permitted to participate in any course(s) until all fees have been received and processed.

Refund Policy: [Tuition and Other Fees Refunds](#)

INTERNAL USE ONLY

REQUEST APPROVED <input type="checkbox"/>	REQUEST DENIED <input type="checkbox"/>
Name	
Position	
Signature	

SIGNATURE*

DATE*