

EXTENDED EDUCATION APPLICATION AND REGISTRATION FORM - GRADUATE STUDIES
Section 1: Student Records

Have you previously registered at Canadian Mennonite University? CMU Outtatown CMBC MBBC/Concord
 If "yes", indicate last year of registration: _____ Student ID (if known): _____
 Have you previously registered as an extended education/continuing education student? Yes No

Section 2: Personal Information

Mr. Ms. Miss. Mrs.
 Surname: _____ Given Name: _____
 Middle Names: _____ Previous or Other Names (Surnames): _____
 Current Address: _____ City/Town: _____
 Province/State: _____ Postal/Zip Code: _____ Country: _____
 Telephone: _____ Cell: _____ Email: _____
 Date of Birth: (DD/MM/YYYY) _____

Gender: Male Female
 Marital Status: Single Married Separated/Divorced
 Are you a Canadian Citizen: Yes No If not Canadian, check one: Permanent Resident* Refugee Study Permit*
*Photocopy of document must be sent with application. Original document must be presented upon arrival.

Place of Birth: _____ Citizen of: _____
 Primary Language (refers to 'mother tongue'): English French Other (specify): _____
 If you are of Aboriginal ancestry, please specify: First Nations (status) First Nations (non-status) Inuit Metis Other
(By declaring your status, you will help in the development of new services and events for Aboriginal students. The declaration is voluntary)

Home Church (if applicable): _____ Denomination: _____
 Not affiliated with any church or denomination

Section 3: Previous and Current Education

Complete if you are a first-time applicant or studied elsewhere since attending CMU. Do not complete if you are a visiting student.
 Have you ever registered or you are currently registered at a post-secondary institution: Yes No

List in chronological order the high schools, colleges, and/or universities attended:

Name of Institution	Location	Dates Attended	Credential Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Section 4: Application Type
Extended Education - Auditing

- Auditing students will attend classes regularly. Participation in class discussion and completion of assignments is at the discretion of the instructor. A student will not receive a grade in the class.
- Admission is based on completion of a baccalaureate degree or relevant life experience.
- Official transcripts are not required.
- Restricted to auditing only courses approved by the Registrar's Office (excludes SME, modular courses, ind. studies, etc)
- Auditing Tuition and Fees:
 - Regular Audit: Charged student service fees & 50% reduction of the course tuition
 - Alumni Audit: Charged student service fees & 75% reduction of the course tuition
 - Senior Audit: Tuition is \$100.00 (Senior is 65+)

Extended Education – For credit

I have requested and/or supplied official transcripts (Official transcripts are required for first time applicants).

- Admission is based on completion of a baccalaureate degree with a minimum GPA of 3.0.
- Registration is restricted to part-time study (<9 credit hours a semester)
- A maximum of 5 courses (15 credit hours) may be taken as an extended education student.
- After 15 credit hours, the extended education student may apply for admission to a graduate program.
- Restricted to taking courses for which the student meets prerequisites.
- Restricted to completing only courses approved by faculty/Registrar's Office (excludes supervised ministry experience, modular courses, independent studies, etc).
- For credit Tuition and Fees:
 - Regular: Tuition + Student Service fees
 - Senior: Tuition is \$150.00 (Senior is 65+)

Visiting Student

Home Institution: _____

I have requested and/or supplied a letter of permission.

- Admission based on letter of permission from home institution.
- Official transcripts are not required.
- Restricted to registering for courses listed on the letter of permission
- For credit Tuition and Fees:
 - Regular: Tuition + Student Service fees
 - Senior: Tuition is \$150.00 (Senior is 65+)

Section 5: Course Registration

Course #	Sect #	Course Title	Credit Hours	Term F, W, S	Time
BTS-5999	1	SAMPLE: History of the Bible	Audit	F	T 2:30-5:15pm

I agree to familiarize myself with Canadian Mennonite University policies (including withdrawal and exam dates) and to honour all financial obligations.

Note: Your personal information provided on this form will be used by CMU for purposes of admission, registration, and communication with you. Your information will be provided, as required, to Statistics Canada, to the Council on Post-Secondary education in Manitoba, and to other authorized government departments. Your name, address, year-level, church affiliation, declared program, and the name of your high school will be shared with CMU's offices working with External connections including student recruitment, development, and alumni. Alumni records will be maintained indefinitely for purposes of maintaining contact with former students.

Signature: _____

Date: (DD/MM/YYYY) _____

Please mail or fax completed form to:

Registrar's Office
Canadian Mennonite University
500 Shaftesbury Blvd
Winnipeg, MB R3P 2N2

Ph. (204) 487-3300
 Fax: (204) 837-7415

Toll Free: (877) 231-4570
 Email: mshokpeka@cmu.ca

Office Use Only:		
Transcripts Received:	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Admitted:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Registration Approved:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signature: _____		
Date: (DD/MM/YYYY) ____ / ____ / ____		