

NAME _____
(please print clearly)

Student ID # _____ Active Email _____ Phone _____

Current Local Address _____

I am registering in the following terms Fall 201____ Winter 201____ Spring/Summer 201____

PROGRAM OF STUDY (check one)**PhD**

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Biomedical Sciences | <input type="checkbox"/> Companion Animals | <input type="checkbox"/> Educational Studies | <input type="checkbox"/> Environmental Sciences |
| <input type="checkbox"/> Health Management | <input type="checkbox"/> Molecular & Macromolecular Sciences | <input type="checkbox"/> Pathology & Microbiology | |
| <input type="checkbox"/> Master of Arts | <input type="checkbox"/> Master of Education | <input type="checkbox"/> Master of Applied Health Services Research | |
| <input type="checkbox"/> Master of Business Administration | <input type="checkbox"/> Master of Nursing (Thesis) | <input type="checkbox"/> Master of Nursing (NP) | |
| <input type="checkbox"/> Master of Science—Faculty of Science | | | |
| <input type="checkbox"/> Environmental Sciences | <input type="checkbox"/> Human Biology | <input type="checkbox"/> Molecular & Macromolecular Sciences | |

Master of Science—Faculty of Veterinary Medicine

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Biomedical Sciences | <input type="checkbox"/> Companion Animals | <input type="checkbox"/> Health Management | <input type="checkbox"/> Pathology & Microbiology |
|--|--|--|---|

Master of Veterinary Science

- | | | |
|--|--|---|
| <input type="checkbox"/> Companion Animals | <input type="checkbox"/> Health Management | <input type="checkbox"/> Pathology & Microbiology |
|--|--|---|

Postgraduate Diploma

- ☐
- Pathology & Microbiology

SPECIAL STUDENT STATUS

- ☐
- A student who is not enrolled in a degree or diploma program at UPEI.

FEE STATUS (check one)

I will be making or have made payment this term

- | | | |
|--|--|--|
| <input type="checkbox"/> in program-fee installments | <input type="checkbox"/> on a per-course tuition basis | <input type="checkbox"/> with the published maintenance of status fee* |
|--|--|--|

*This fee is charged when a student is continuing work on the degree after program fees are paid in full.

COURSES SELECTED FOR THIS TERM: course code, number, & section (if applicable) e.g. VBS 847 or ED 699 thesis

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Departmental/Supervisory Approval _____ Date _____

I understand that until my fees for the semester are paid in full, my registration is incomplete and the non-payment of fees by the published deadline may result in deregistration.

Student's Signature _____ Date _____

This completed form must be returned, before the published registration deadline in person, by fax at (902) 566-0795, or mailed to The Registrar, University of Prince Edward Island, 550 University Avenue, Charlottetown, PE C1A 4P3**OFFICE USE ONLY:** Registration entered by _____ on _____ and returned to student file.