UNIVERSITY of Prince Edward ISLAND

Office of the Registrar
Graduate Student Registration Form **[required each semester]**

NAME:

_____
(please print clearly in ink)

Student ID # _____Active Email: _____ Phone: _____

Current Local Address: _____

I am registering in the following term**:** Fall 20_____ Winter 20_____ Summer 20_____

PROGRAM OF STUDY (check one)

Master of Arts in Island Studies ☐
Master of Education in Leadership in Learning ☐
Master of Applied Health Services Research ☐
Executive Master of Business Administration ☐
Master of Nursing ☐
Master of Science in: Molecular & Macromolecular Sciences ☐ Environmental Sciences ☐ Human Biology ☐ Sustainable Design Engineering ☐
Master of Veterinary Science in: Pathology & Microbiology ☐ Health Management ☐ Companion Animals ☐
Masters of Science-Faculty of Veterinary Medicine in: Biomedical Science ☐ Pathology & Microbiology ☐ Companion Animals ☐ Health Management ☐
PhD in: Educational Studies ☐ Environmental Sciences ☐ Molecular & Macromolecular Sciences ☐
PhD – Veterinary Medicine in: Biomedical Sciences ☐ Health Management ☐ Pathology & Microbiology ☐

FEE STATUS (check one): I will be making or have made payment this term
_____ in program-fee installments
_____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)*

1._____ 4. _____

2._____ 5. _____

3. _____ 6. _____

Supervisor's Signature: _____ Date: _____
(Required only if MSc, MVSc or PhD)

I understand that until my fees for this semester are paid in full, my registration is not complete and that non-payment of fees by the published deadline may result in de-registration.

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: Office of the Registrar, University of Prince Edward Island, 550 University Ave., Charlottetown, PE C1A 4P3

OFFICE USE ONLY: Registration entered by _____on _____and returned to the student file.

ENROLMENT STATUS: Enroled on a _____Full Time basis _____ Part Time basis