

**University of Prince Edward Island**  
**UNDERGRADUATE APPLICATION FORM**

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UPEI I.D. #

**FIRST-TIME APPLICATIONS** to UPEI Non-Professional Programs must be accompanied by a non-refundable application processing fee.  
AND

**PROFESSIONAL PROGRAM APPLICATIONS**—all applications to a PROFESSIONAL PROGRAM (Education—BEd, Nursing—BScN, Radiography—BASR, and Doctor of Veterinary Medicine—DVM)—EVEN IF THE APPLICATION PROCESSING FEE WAS PAID WITH A PREVIOUS APPLICATION—must be accompanied by a non-refundable application processing fee.

**PLEASE SELECT APPROPRIATE CATEGORY FOR APPLICATION PROCESSING FEE**

- CANADIAN STUDENTS—\$50, OR  INTERNATIONAL STUDENTS—\$75 OR  
 DVM TRANSFER/ADVANCED STANDING CANADIAN AND INTERNATIONAL STUDENTS—\$100

**I AM APPLYING FOR**

- FULL-TIME STUDENT STATUS     PART-TIME STUDENT STATUS

**BEGINNING SEMESTER/YEAR**

- SEPTEMBER, \_\_\_\_\_ YEAR     JANUARY, \_\_\_\_\_ YEAR     SUMMER SESSION I (MAY), \_\_\_\_\_ YEAR     SUMMER SESSION II (JULY), \_\_\_\_\_ YEAR

**A. PERSONAL DATA (Please print clearly)**

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SOCIAL INSURANCE NUMBER (if applicable, optional)

**NOTE: Social Insurance Number is required for processing PEI government awards and bursaries**

DATE OF BIRTH:    

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DAY                  MONTH                  YEAR

- GENDER:     MALE     FEMALE

**ABORIGINAL PEOPLES (voluntary declaration)**

Aboriginal peoples include individuals who are status, non-status, Métis or Inuit. Based on this do you consider yourself an Aboriginal person?     YES     NO  
*This information is collected for statistical purposes, to assist the University in assessing and improving services to students who are aboriginal.*

**NAME**

**STUDENT'S NAME: PLEASE UNDERLINE THE NAME YOU REGULARLY USE.**

LAST    FIRST    MIDDLE

BIRTHNAME IF DIFFERENT, OR IF ACADEMIC RECORDS ARE UNDER ANOTHER NAME.

**B. PERMANENT ADDRESS: NOTICE IN WRITING REQUIRED IF ANY CHANGE**

STREET OR BOX NO.

TOWN/CITY                          PROVINCE/STATE                          COUNTRY                          POSTAL/ZIP CODE

HOME TELEPHONE                          WORK TELEPHONE                          ACTIVE E-MAIL (keep UPEI updated—can update via Campus Login with ID & PIN #s)

**CURRENT MAILING ADDRESS: (Keep UPEI updated—can update via campus login with ID & PIN #s)**

STREET OR BOX NO.

TOWN/CITY                          PROVINCE/STATE                          COUNTRY                          POSTAL/ZIP CODE

HOME TELEPHONE                          WORK TELEPHONE                          ACTIVE E-MAIL (keep UPEI updated—can update via Campus Login with ID & PIN #s)

**NAME OF PARENT, GUARDIAN, OR SPOUSE (Underline one):**

LAST    FIRST    MIDDLE

ADDRESS (IF DIFFERENT FROM PERMANENT ADDRESS ABOVE)

TOWN/CITY                          PROVINCE/STATE                          COUNTRY                          POSTAL/ZIP CODE

HOME TELEPHONE                          WORK TELEPHONE                          ACTIVE E-MAIL (keep UPEI updated—can update via Campus Login with ID & PIN #s)

**E. LANGUAGE SKILLS**

- FIRST LANGUAGE (IF OTHER THAN ENGLISH): \_\_\_\_\_
- THE LANGUAGE OF INSTRUCTION THROUGHOUT MY EDUCATION WAS ENGLISH.
- I HAVE TAKEN AN ENGLISH-LANGUAGE PROFICIENCY TEST. (OFFICIAL MARKS REQUIRED FROM TEST COMPANY.)  
 CanTest     IELTS     MELAB     TOEFL     Other \_\_\_\_\_
- I WILL BE TAKING AN ENGLISH LANGUAGE PROFICIENCY TEST AND THE RESULTS WILL BE AVAILABLE BY:  
MONTH \_\_\_\_\_/YEAR \_\_\_\_\_

**C. I AM APPLYING**

- from High School
- as a 2nd-entry Professional Schools program candidate (Education, Veterinary Medicine, Nursing, or Radiography)
- from another University (transfer in)
- as a returning UPEI Student
- from a College (with a Diploma)
- as a Mature Student (at least 21 years of age)
- as an Exchange Student
- on a Letter of Permission (visiting student)
- to take Courses Not Working Towards Any Degree, Diploma, or Certificate

**D. EDUCATIONAL OBJECTIVES**

**What is your immediate educational objective?**

- First Bachelor's Degree
- Second Bachelor's Degree
- Doctor of Veterinary Medicine
- Diploma     Certificate
- Formal Exchange     Audit Courses Only
- Credit Transfer to Another University
- OTHER (explain) \_\_\_\_\_

**FACULTY OF APPLICATION:**

Arts, Science, Business, Education, Nursing, Veterinary Medicine, or Integrated Studies

1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

**INTENDED MAJOR OR PROGRAM (optional)**  
**NOTE: Transfer Students Must Declare a Major**

1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

**IF UNDECIDED, WHAT SUBJECT AREA INTERESTS YOU?**

\_\_\_\_\_

**\* SEE ONLINE CALENDAR FOR CURRENT PROGRAMS AND SPECIAL ADMISSION REQUIREMENTS: [upei.ca/registrars](http://upei.ca/registrars)**

## F. STUDENTS WITH SPECIAL NEEDS

Completion of the following is VOLUNTARY and will remain confidential. Please see online Calendar for details: [upei.ca/accessibility](http://upei.ca/accessibility)

DO YOU HAVE ANY SPECIAL PHYSICAL OR LEARNING REQUIREMENTS FOR YOUR STUDY AT UPEI?  YES  NO

ARE YOU FORWARDING OR INCLUDING DOCUMENTATION OF YOUR LEARNING OR OTHER DISABILITIES?  YES  NO

If you have checked YES for either of the above options, please contact Student Accessibility at (902) 628-4364

## G. ACADEMIC HISTORY (To be completed by ALL applicants)

**PLEASE NOTE:** A LETTER OF ACTIVITIES OR RESUMÉ IS REQUIRED TO ACCOMPANY YOUR APPLICATION IF YOU HAVE BEEN OUT OF SCHOOL FOR ONE SEMESTER OR MORE.

LIST ALL PREVIOUS EDUCATIONAL EXPERIENCE & INDICATE DEGREES, DIPLOMAS, OR CERTIFICATES RECEIVED. IF YOU NEED TO LIST ADDITIONAL INSTITUTIONS, PLEASE ATTACH A SEPARATE PAGE.

- **SECONDARY SCHOOL: OFFICIAL TRANSCRIPT(S) MUST BE FORWARDED DIRECTLY FROM EACH HIGH SCHOOL YOU ATTENDED—WITH THE EXCEPTION OF THOSE APPLYING TO THE FOLLOWING PROGRAMS: Education—BEEd, Radiography—BASR, and Doctor of Veterinary Medicine—DVM**

OFFICIAL NAME OF SCHOOL

LOCATION

DATES OF ATTENDANCE

\_\_\_\_\_/\_\_\_\_\_  
FROM MONTH/YEAR

\_\_\_\_\_/\_\_\_\_\_  
TO MONTH/YEAR

\_\_\_\_\_  
YEAR OF GRADUATION

\_\_\_\_\_  
PROVINCIAL STUDENT ID

- **POST-SECONDARY (Colleges or Universities): OFFICIAL TRANSCRIPT(S) MUST BE FORWARDED DIRECTLY FROM EACH COLLEGE/UNIVERSITY EXCEPT UPEI**

OFFICIAL NAME OF SCHOOL

LOCATION

DATES OF ATTENDANCE

\_\_\_\_\_/\_\_\_\_\_  
FROM MONTH/YEAR

\_\_\_\_\_/\_\_\_\_\_  
TO MONTH/YEAR

(If currently enrolled) I plan to leave \_\_\_\_/\_\_\_\_  
MONTH/YEAR

DEGREES, DIPLOMAS, OR CERTIFICATES RECEIVED

## H. LEGAL RESIDENCE

\_\_\_\_\_  
PROVINCE OF LEGAL RESIDENCE  
(where you graduated from high school, where your parents live, or where you have lived for greater than or equal to twelve months while NOT a student at any post-secondary institution)

\_\_\_\_\_  
COUNTRY OF PERMANENT  
LEGAL RESIDENCE

\_\_\_\_\_  
COUNTRY OF CURRENT CITIZENSHIP

## I. IF NOT CANADIAN CITIZEN, IMMIGRATION STATUS

- PERMANENT RESIDENT
- NO STUDENT AUTHORIZATION AT THIS TIME
- STUDENT AUTHORIZATION
- OTHER CANADIAN VISA

ENTRY DATE TO CANADA

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

## J. RESIDENCE—STUDENT ON-CAMPUS HOUSING

**Please Note:** If you wish to stay in a UPEI Residence a separate residence application form is required and available at [upei.ca/residence/apply](http://upei.ca/residence/apply) or by calling (902) 628-4368.

- K. I UNDERSTAND THAT FAILURE TO DISCLOSE MY ATTENDANCE AT ANY HIGH SCHOOL, COLLEGE, OR UNIVERSITY, AND FAILURE TO SUBMIT TRANSCRIPTS WHERE APPLICABLE, MAY RESULT IN THE DENIAL OF THIS APPLICATION OR MY SUBSEQUENT DISMISSAL FROM THE UNIVERSITY. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE AND THAT ALL RECORDS ARE COMPLETE AND UNALTERED. IF ACCEPTED TO THE UNIVERSITY OF PRINCE EDWARD ISLAND, I AGREE TO ABIDE BY THE UNIVERSITY REGULATIONS.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FAX THIS COMPLETED FORM TO (902) 566-0795 OR MAIL TO  
REGISTRAR'S OFFICE • UNIVERSITY OF PEI • 550 UNIVERSITY AVENUE • CHARLOTTETOWN • PE • CANADA • C1A 4P3

APPLY ONLINE AT [upei.ca/apply](http://upei.ca/apply)

REV. 08/09