

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

CANADIAN STUDENTS—\$75, OR  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)**

□ □ □ □ □ □ □ □ □ □  
SOCIAL INSURANCE NUMBER (if applicable, optional)

DATE OF BIRTH: □ □ □ □ □ □ □ □ □ □  
DAY                  MONTH                  YEAR

GENDER:                   MALE                   FEMALE

**NAME**

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

\_\_\_\_\_  
LAST                                          FIRST                                          MIDDLE

\_\_\_\_\_  
FORMER NAME(S), IF APPLICABLE

**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.*

**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 EMAIL (keep UPEI updated—can update via campus login with ID# & PIN)

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

\_\_\_\_\_  
STREET OR BOX NO.

\_\_\_\_\_  
TOWN/CITY                  PROVINCE/STATE                  COUNTRY                  POSTAL/ZIP CODE

\_\_\_\_\_  
HOME TELEPHONE                  WORK TELEPHONE                  ACTIVE EMAIL (keep UPEI updated—can update via campus login with ID# & PIN)

**EMERGENCY CONTACT:**

\_\_\_\_\_  
LAST NAME                                  FIRST NAME                                  MIDDLE

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
HOME TELEPHONE                  WORK TELEPHONE                  ACTIVE EMAIL (keep UPEI updated—can update via campus login with ID# & PIN)

**D. 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 \_\_\_\_\_

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

**C. EDUCATIONAL OBJECTIVES AND FACULTY CHOICE**

**• DOCTORAL PROGRAMS**

**Faculty of Education**  
 Doctor of Philosophy in Educational Studies

**Faculty of Veterinary Medicine**

**Doctor of Philosophy**  
 Department of Biomedical Sciences  
 Department of Companion Animals  
 Department of Health Management  
 Department of Pathology & Microbiology

**• MASTER'S PROGRAMS**

**Faculty of Arts**  
 Master of Arts, Island Studies

**School of Business**  
 Master of Business Administration

**Faculty of Education**  
 Master of Education in Leadership in Learning  
 Master of Applied Health Services Research

**School of Nursing**  
 Master of Nursing

**Faculty of Science—Master of Science**  
 Department of Biology  
 Department of Chemistry

**Faculty of Veterinary Medicine—Master of Science**

Department of Biomedical Sciences  
 Department of Companion Animals  
 Department of Health Management  
 Department of Pathology & Microbiology

**Master of Veterinary Science**

Department of Companion Animals  
 Department of Health Management  
 Department of Pathology & Microbiology

**• POST-GRADUATE DIPLOMA/CERTIFICATES**

**Faculty of Veterinary Medicine**  
 Department of Pathology & Microbiology

Proposed Supervisor (required if Faculty of Science or Veterinary Medicine)  
\_\_\_\_\_

**Please attach a separate page with names of referees.**

**SPECIAL STUDENT**

- Courses for personal enrichment
- Credit transfer to another university
- Other (explain) \_\_\_\_\_

### E. 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.

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

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

#### ● 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

#### ● 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

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LOCATION

DATES OF ATTENDANCE \_\_\_\_\_/\_\_\_\_\_  
FROM MONTH/YEAR

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

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

DEGREES, DIPLOMAS, OR CERTIFICATES RECEIVED

### G. LEGAL RESIDENCE

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

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

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

### H. 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 \_\_\_\_\_

### I. 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.

**J. I UNDERSTAND THAT FAILURE TO DISCLOSE MY ATTENDANCE AT ANY 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'S REGULATIONS.**

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