

## **Visiting Student Application**

Registrar's Office 62 York St, Sackville, NB, Canada, E4L 1E2 (506) 364-2269 (phone) (506) 364-2272 (fax)

Signature

Academic Session: ☐ Fall 20\_\_\_ ☐ Winter 20\_\_\_ ☐ Spring 20\_

Please read carefully and answer each question completely to the best of your knowledge. Before an application can be processed the following documents must be received:

- 1) Mount Allison Visiting Student Application
- 2) Academic transcripts from all previous post-secondary institutions
- A letter of permission from your home institution
- \$50.00 non-refundable application fee (payable by cheque or credit card)

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Name:						D ( 111			
anent ess:	Last Name		First Name	Middle Name		Preferred Name			
	Number/Street	/PO Box	Town/City	F	Postal Code	Province	Country		
act									
mation:	( )		( )						
ent ess:	Home Phone		Cell Phone	E	-mail Address				
ferent from e)	Number/Street	/PO Box	Town/City	Postal Co	de	Province	Country		
	Address Valid	Until (Year/Month/Day)	Current Phone	Number					
r mation:	☐ Male	☐ Female							
	Gender		Maiden Name	Maiden Name Country of Citizenship					
	Date of Birth (	/ear/Month/Day)	Mother Tongue	Mother Tongue Place of Birth (City/Town/Province)					
	☐ Permanent Resident		Student Visa – Entry date:			Other Visa			
	Status in Cana	da (if International studei	nt)	•					
lemic mation:	Post-seconda	ary institution currently	attending:						
	Do you intend to register for:		Day Classes ☐ Correspondence Cours		dence Courses	☐ Study Abroad / Excha		☐ Incomi	
		an <b>outbound</b> student par e following website: <i>http</i> .			nge Program with	h Mount Allison, please ind	cate the program	based on th	
	Program:								
	Have you ever	applied to Mount Allison	before?	☐ Yes	□ No				
	If yes, when did you apply?								
	Are you a former Mount Allison Student?			☐ Yes	□ No				
	If yes, when did you attend?								

Date