



NAME _____

(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: Thesis Stream [] Course-based Island Tourism Specialization []
Executive Master of Business Administration [] Master of Business Administration in Global Leadership []
Master of Education in Leadership in Learning [] Master of Nursing: Thesis Stream [] Nurse Practitioner Stream []
Master of Applied Health Services Research []
Master of Science in: Molecular & Macromolecular Sciences [] Environmental Sciences [] Human Biology []
Master of Science - Faculty of Veterinary Medicine in: Biomedical Science [] Pathology & Microbiology [] Companion Animals [] Health Management []
Master of Sustainable Design Engineering []
Master of Veterinary Science in: Pathology & Microbiology [] Health Management [] Companion Animals []
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 instalments _____ with the published maintenance of status fee.*
*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 _____

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 (902) 566-0795, or mail: 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 Enrolled _____ Full-Time _____ Part-Time _____

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 31(c) of the PEI Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of managing graduate studies course and student information. Direct any questions about this collection to: Registrar's Office, University of Prince Edward Island, 550 University Avenue, Charlottetown, PE C1A4P3, 902-566-0439.