



# Registration Form for Students on Academic Probation

Registrar's Office Halifax NS B3M 2J6 (902) 457-6117 FAX (902) 457-6498  
[registration@msvu.ca](mailto:registration@msvu.ca)

Please Print Clearly

Student ID# \_\_\_\_\_ Last Name \_\_\_\_\_ First Name(s) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Mount Email Address \_\_\_\_\_ Program of Study \_\_\_\_\_

Permanent Address Information \_\_\_\_\_ Town/City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Local Address Information (if different from above) \_\_\_\_\_ Town/City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_  
Home Phone Number

(\_\_\_\_) \_\_\_\_\_  
Cell Phone Number

(\_\_\_\_) \_\_\_\_\_  
Work Phone Number

COURSE NAME/NUMBER/SECTION	TERM	Unit Value or AUDIT	Faculty Approval if required
UNIV 0001			

As a student on Academic Probation you are only permitted to register in 4.0 units of study, must complete the Student Success Course (listed above) and require a signature from an Academic Advisor in the Centre for Academic Advising and Student Success (CAASS).

\_\_\_\_\_  
Academic Advisor Signature (Required)

**Waitlists:** Waitlisted registrations will be moved to registered status as space becomes available and in accordance with department instructions unless there are time conflicts. In such cases, the waitlisted course will be removed from your registration.

**Prerequisites:** Students registering in courses do so on the understanding that they will meet/complete course prerequisites prior to the beginning of the course. Prerequisites are listed in the Calendar description. It is the student's responsibility to meet these prerequisites and students not having the required background may be forced to drop courses and to incur any academic and/or financial penalty for so doing.

**Fees:** It is your responsibility to make sure that your fees are paid by the deadlines noted in the Academic Calendar. If you do not comply with this regulation, you will lose your course selections and will have to re-register, subject to availability of space in the classes you have selected.

**Faculty Approval:** Signatures must be provided by the instructor for courses that require the instructor's consent, to override waitlists, and/or to bypass prerequisite rules.

## Graduation Date

Do you expect to graduate in the Spring?  Yes  No      If No, when do you expect to graduate? \_\_\_\_\_

In order for your file to be processed for graduation, you must submit an Intention to Graduate Form to the Registrar's Office by November 15 for Spring Convocation.

## Non-Degree Student

If you are currently registered as a non-degree student, do you intend to seek admission to a degree program and graduate at a future date?  Yes  No

## Statistics Canada

The following information is requested for Statistics Canada reporting purposes:

Marital Status:  Married      First Language:  English  
 Not Married       French  
 Other \_\_\_\_\_

## Citizenship

I am a Canadian citizen:  Yes  No

If not a Canadian citizen, indicate country of citizenship: \_\_\_\_\_

Indicate the status you will have while in Canada:

- Permanent Resident  
 Student Visa  
 Other: \_\_\_\_\_

I entered Canada on: \_\_\_\_\_  
(DD/MM/YYYY)

## Privacy Act Disclaimer

At the request of the Maritime Provinces Higher Education Commission (MPHEC) and Statistics Canada, Mount Saint Vincent University includes the following information regarding the disclosure of personal information to these bodies:

“Under the federal Privacy Act, individuals can request access to their own, individual information held on federal information banks, including those held by Statistics Canada.

Students who do not wish to have their information used are able to ask Statistics Canada to remove their identifying information from the national database.”

Mount Saint Vincent University abides by the Personal Information Protection and Electronic Documents Act (PIPEDA) and the Freedom of Information and Protection of Privacy (FOIPOP) Act. For further information on these acts, please refer to the University Academic Calendars.

## Student Authorization

By signing this form, I acknowledge access (hard copy or web based) to the Academic Calendars and I hereby agree to abide by all University regulations and policies as contained herein including any revisions, deletions or additions made to them in the future.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature (Required)