



**GRADUATE STUDENT REGISTRATION FORM [required each semester]**

**NAME:** \_\_\_\_\_  
(please print clearly)

Student ID # \_\_\_\_\_ Active Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Local Address: \_\_\_\_\_

I am registering in the following term:            Fall 200 \_\_\_\_\_    Winter 200 \_\_\_\_\_    Spring/Summer 200 \_\_\_\_\_

**PROGRAM OF STUDY (check one)**

**Master of Arts in Island Studies**  **Master of Education**  **Master of Applied Health Services Research**

**Master of Business Administration**

**Master of Science-Faculty of Science in:**    Biology             Chemistry

**Master of Veterinary Science in:** Pathology & Microbiology  Health Management  Companion Animals

**Masters of Science-Faculty of Veterinary Medicine in:**

Biomedical Science     Pathology & Microbiology     Companion Animals     Health Management

**Ph.D. in:** Pathology & Microbiology  Biomedical Science  Health Management  Companion Animals

**Postgraduate Diploma in:** Pathology & Microbiology

**FEE STATUS (check one):** I will be making or have made payment this term

- \_\_\_\_\_ in program-fee installments
- \_\_\_\_\_ on a per-course tuition basis
- \_\_\_\_\_ with the published Maintenance of Status fee.\*

\*This fee is 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)*—Example: BIO 678 B; or 699-THESIS

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**Departmental/Supervisor Approval:** \_\_\_\_\_ **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 at (902) 566-0795, or mailed to: The Registrar, University of Prince Edward Island, 550 University Ave., Charlottetown, PE C1A 4P3**

<b>OFFICE USE ONLY : Registration entered by _____ on _____ and returned to the student file.</b>  <b>ENROLMENT STATUS : enrolled on a _____ Full Time _____ Part Time basis</b>
--