Print Form

UNIVERSITÉ Concordia UNIVERSITY

Graduate Studies

AUTHORIZATION TO REGISTER AS A NON-DEGREE STUDENT

Family Name _____

Name at Birth _____

First Name _____

Date of Birth _____
DAY/MONTH /YEAR

Sex ❑ **Male** ❑ **Female**

Street Address _____
APT. #

City or Town _____

Province _____ **Postal Code** _____

Email _____

Home Telephone _____
AREA CODE

Business Telephone _____
AREA CODE

Term of Entry _____

Have you previously applied to or attended this university? ❑ **Yes** ❑ **No**

Concordia I.D. Number _____

Language Used ❑ English ❑ French ❑ Other
First Language ❑ English ❑ French ❑ Other

Immigration Status

- ❑ I am a Canadian Citizen
- ❑ I am an Aboriginal North American
  - ❑ I have a Canadian Band Card
  - ❑ I do not have a Canadian Band Card
- ❑ I am a Permanent Resident/Landed Immigrant
- ❑ I have Convention Refugee status
- ❑ I am on a _____
  Authorization Permit
  _____
  Country of Citizenship

▪ **Permanent Code:** All Students are required to have a permanent code assigned by the Québec Ministry of Education. Please visit the website *PermanentCode.concordia.ca*

MELS Permanent Code _____
(if available)

Father's Name _____
Family Name Given Name

Mother's Name _____
Family Name Given Name

Your Place of Birth _____
City Country Province (if in Canada)

▪ **Québec Residency:**

There are three tuition levels: International, Canadian non-Quebec Resident and Quebec Resident. All Canadian Citizens (including First Nations) and Permanent Residents must apply and submit the required documents by the deadline to be eligible to pay Québec Residency rates. Visit the *QuebecResidency.concordia.ca* website for deadlines and additional information.

Please make all address changes online *at www.concordia.ca* or inform the Student Service Centre (LB 185).

I hereby acknowledge that, should I receive authorization from Concordia University to register as a non-degree student, I will be bound by and undertake to observe the statutes, rules, regulations, and policies in place from time to time at Concordia University and at the faculty or faculties in which I am registered, including those policies contained in the University calendars. My obligations commence with the signing of this agreement and terminate in accordance with the University's statutes, regulations, and policies. I certify that all statements on this application are correct and complete. I understand that my authorization to register or registration is subject to cancellation at the sole discretion of the University which may also entail a ban from reapplying for admission at Concordia University.

Student's Signature _____ **Date** _____

FOR DEPARTMENTAL USE ONLY:

The above student has been recommended to register as:
❑ Independent ❑ Auditor ❑ Visiting from _____
University and Faculty/Program

In the department of: _____

Transcript and Proof of degree:
❑ attached ❑ on SIMS

IMSTAT document:
❑ attached ❑ on SIMS

Recommended by: Graduate Program Director _____ Date _____

Please attach all submitted documents and forward to your Student Affairs/Faculty Representative

FOR STUDENT AFFAIRS USE ONLY:

Approved by: Student Affairs Representative _____ Date _____

Student ID numbers are assigned by the Office of the Registrar. Please forward this form along with all attached documents to the Graduate Student Service Team, Office of the Registrar, LB 700