

If you are a previously registered as a University of Waterloo undergraduate student, use this form for applying for re-admission:
 after being away for a number of inactive terms (see Undergraduate Calendar for individual faculty rules) **OR** after a "Required to Withdraw" decision

Indicate mode of intended study On-Campus Online Both

Application Deadlines

All faculties except Applied Health Sciences, Mathematics: Fall – July 1 Winter – November 1 Spring – March 1
Faculties of Applied Health Sciences, Mathematics: Fall – August 1 Winter – December 1 Spring – April 1

Indicate last term of registration at the University of Waterloo.

Term (S/F/W) _____ Year (YYYY) _____ Academic Group (Faculty) _____ University of Waterloo Student ID Number

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Please print clearly and complete all sections.

Section A – Personal Data

Title Mr. Mrs. Ms. Miss Doctor Gender Male Female

Surname _____ Previous Surname (if used on any records or transcripts) _____

Given Names _____ Social Insurance Number _____

Home or Permanent Address

City _____ Province _____ Postal Code _____ County, if Ontario _____

Home Phone _____ Business Phone _____
Area Code Telephone Number Area Code Telephone Number

Birthdate / / Email _____
mm dd yyyy

First Language <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other	For Statistical Purposes Only – Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Common-Law <input type="checkbox"/> Married <input type="checkbox"/> Sole Support Parent
Country of Citizenship <input type="checkbox"/> Canada or _____	
If not Canadian Citizen, state the date of entry into Canada Month _____ Year _____ and _____	
Status in Canada <input type="checkbox"/> Permanent Resident (submit proof) <input type="checkbox"/> Student Authorization <input type="checkbox"/> Other (specify) _____	
If you have chosen not to provide your Social Insurance Number, please attach a photocopy of your Canadian Birth Certificate/Canadian Citizenship card if you are a Canadian Citizen or your Record of Landing if you are a Permanent Resident. This documentation is required so that we can assess your tuition fee correctly.	

Section B – Academic Program and Plan Choices

If in doubt on any point, please consult the appropriate faculty area of the Office of the Registrar or University college to which you are applying.

Anticipated Enrolment Date Fall Winter Spring Summer **Year 20** _____ **System of Study** Regular Co-op

Academic Load Part-time (1 or 2 courses per term) Full-time (3 - 5 courses per term)

Campus of Registration University of Waterloo St. Jerome's University Renison University College

To which Academic Group are you applying? Applied Health Sciences Arts Engineering Environment
 Independent Studies Mathematics Science Software Engineering

Program Type Honours 4-Year General 3-Year General Intended Plan (Major) _____
 Non-Degree Post-Degree Letter of Permission (attach authorization) Diploma/Certificate _____

Section C – Academic Background History

Have you attended any other academic institutions since you were last registered at the University of Waterloo? No Yes If yes, list below in order of attendance and arrange for transcripts to be forwarded.

From (YY/MM)	To (YY/MM)	Academic Institutions and Location	Year/Level	Program	Diploma/Degree Granted

Are you working towards a degree/diploma at another university? No Yes Please specify _____

I hereby certify that all statements are correct and complete, including my declaration of citizenship and status in Canada. I have also fully disclosed my attendance at all academic institutions to date. I understand that I may have to provide documentation at some future date to substantiate my claim and that any misrepresentation of this information may result in the cancellation of my admission or registration status.

Signature _____ Date _____

You must select your intended classes. Please complete the request information on Page 2 of this form.

Surname _____

Given Names _____

University of Waterloo Student ID Number

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Section D – Reasons for returning to the University of Waterloo

With this form, submit a written statement explaining your reasons for applying for re-admission to the University of Waterloo along with an outline of your activities since your last registration at the University of Waterloo. If applicable, please include a résumé. If you are returning after a "Required to Withdraw" decision, in addition to the information above, give reasons for your previous academic performance and why you think you will be successful on your return. If you require more room, please attach a separate sheet.

Section E – Class Selection

Indicate your intended course registration. Schedule of Classes information is available at www.adm.uwaterloo.ca/infocour/CIR/SA/under.html.

1	Primary Meet Class No. (4 char)	Subject	Catalog Number	Primary Meet Section No. (3 char)	Class Number for Related 1 (4 char)	Related 1 Section No. (3 char)	Class Number for Related 2 (4 char)	Related 2 Section No. (3 char)	Grading Basis (e.g., AUD, NGP, XTR)	Requirement Designation (e.g., XTRA)
1										
2										
3										
4										
5										
6										
7										
8										
9										

You will be notified by email of the readmission decision. If readmitted, you will be able to register online using the University of Waterloo's Student Information System: Quest at www.quest.uwaterloo.ca.

Student Signature

Date

Advisor Approval

Date

Advisor Approval

Date

For Office Use Only. Indicate Transfer Credits below.

Admitted to _____

Undergraduate Program and Plan requirements the student will need to follow Month (mm) _____ Year (yyyy) _____

Refused Defer Refer to _____

Comments and, if applicable, University of Waterloo courses cleared for credits (you may attach a Waterloo Inquiry report with appropriate coding) or list below any external transfer credits to be conveyed. Please use the reverse side if more space is required.

Admitting Officer _____ Date _____
Departmental Approval (if required) _____ Date _____
Co-operative Education & Career Services _____ Date _____