|  |  |  |  |
| --- | --- | --- | --- |
| LAST/FAMILY NAME FIRST/GIVEN NAME MIDDLE NAME | | | |
| MAILING ADDRESS – APT #, STREET OR BOX # | | | |
| APPLICANT’S HOME PHONE: | APPLICANT’S CELLULAR PHONE: | | OTHER: |
| APPLICANT’S E-MAIL: | | | |
| CITY/TOWN | PROVINCE | POSTAL CODE | GENDER: Man Woman |
| COUNTRY |  | | BIRTHDATE |
| PARENTS’ NAMES | 1. | | 2. |
| PARENTS’ CELL PHONE | 1. | | 2. |
| PARENTS’ EMAIL | 1. | | 2. |

**APPLICATION FOR FALL 2025 ADMISSION – Application deadline: April 30 / 2025**

READ INSTRUCTIONS AND ANSWER QUESTIONS IN FULL.

**1. PERSONAL INFORMATION**

If permanent address is not the same as above please complete the following:

|  |  |  |  |
| --- | --- | --- | --- |
| PERMANENT ADDRESS – APT #, STREET OR BOX # | | | |
| CITY/TOWN | PROVINCE | POSTAL CODE | COUNTRY |

**2. PREVIOUS AND CURRENT EDUCATION**

Most Recent Highschool Attended

|  |  |  |
| --- | --- | --- |
| NAME OF SCHOOL | | CITY/PROV |
| ATTEND FROM | ATTENDED TO | |
| TYPE OF PROGRAM (e.g. FIAP, etc.) | | |

OTHER EDUCATIONAL PROGRAMS OR SCHOOLS ATTENDED (e.g. employment program, other post-secondary institutions, transitions program, life skills program, etc.)

|  |  |  |  |
| --- | --- | --- | --- |
| 1. INSTITUTUTION / ORGANIZATION | | | CITY/PROV |
| ATTENDED FROM | ATTENDED TO | PROGRAM/CERTIFICATE | |
| 2. INSTITUTUTION / ORGANIZATION | | | CITY/PROV |
| ATTENDED FROM | ATTENDED TO | PROGRAM/CERTIFICATE | |

Have you previously applied for the Campus For All program? No Yes

Date

**3. SELF IDENTIFICATION**

Please check if you self-declare that you have an intellectual disability

It is generally agreed that an intellectual disability originates before age 18 and is characterized by limitations in both:

* Cognitive functioning (such as learning, reasoning, problem-solving, and planning)
* Adaptive behaviour (such as conceptual skills, social skills, and practical skills)

Eligibility and selection are **not** based on the level or complexity of the disability, or reading, math or other skills.

Campus For All reserves the right to request documentation regarding the intellectual disability, including a clinical diagnosis by a registered psychologist.

**ABORIGINAL ANCESTRY**

Status Indian Metis Inuit

**4. SUPPORTING DOCUMENTS**

Please include in your application the following documents:

* **TWO (2) REFERENCES – The reference person can send the letter directly to the Campus for All Office.**
* **When selecting references, it is recommended to use someone other than a family member**
* **PERSONAL PROFILE**
* **FAMILY / GUARDIAN EXPECTATIONS**

**5. DECLARATION**- I certify that all the questions have been answered thoroughly and that the information provided is correct and complete. I understand that completion of this signed application permits the University of Regina/Campus For All to request and/or confirm any information necessary to support my application for admission and that submission of any false statements or documents will result in the immediate and permanent cancellation of admission or registration to the University of Regina/Campus For all. I agree to abide by the University of Regina's rules and regulations. I understand that my admission to or registration in this University may be revoked.

The University of Regina//Campus For All collects and creates information about students (“personal information”) under the authority of The University of Regina Act and in accordance with The Local Authority Freedom of Information and Protection of Privacy Act (Saskatchewan) and the Personal Information Protection and Electronic Documents Act (Canada), for purposes of admission, registration, and other decisions on students’ academic status, and the administration of the University and its programs and services. Information regarding the admission of current high school students may

be shared with the student’s current high school as needed. By submitting this application to the University of Regina/Campus For All, students consent to collecting, using, and disclosing personal information as described above.

Applicant’s Signature Date

**Please Email the completed application and all supporting documents to:**

**Email: campusforall@uregina.ca**

**Mail: Campus For All**

**Riddell Center 251.16**

**University of Regina**

**3737 Wascana Parkway**

**Regina, SK**

**S4S 0A2**

**Incomplete applications will not be considered during selection.**