



Do you have a preferred name?

- Yes _____
 No _____

CONTACT INFORMATION

Applicant's Current Address

Country _____
Street _____
City _____
Region _____
Postal Code _____

Applicant's Permanent Address (e.g. at parents' - should not change)

Country _____
Street + Number _____
City _____
Region _____
Postal Code _____

Applicant's Phone Numbers

Primary Phone Number (+country code) _____
Secondary Phone Number (+country code) _____

Applicant's Email Address(es)

Primary Email Address _____
Secondary Email Address _____

EMERGENCY CONTACT INFORMATION

Name _____
Phone (+country code) _____
Street + Number _____
City _____
Region _____



Postal Code _____
Country _____
Email Address _____
Relationship to you _____
e.g. parent, husband, friend

AGENCY INFORMATION



Agency:
IEC Online GmbH, Marienstrasse 19-20, 10117 Berlin, Germany
0049 30403610418
(Julia Fischer)
Americas@ieconline.de

Have you applied / will you apply for a Letter of Permission (you need to transfer courses / grades back to your home university and are allowed to study at UWin to do so) **from your home university or will you submit an individual Course Wishlist later?**

- Letter of Permission
- Individual Course Wishlist

DEMOGRAPHIC INFORMATION

Primary Language _____
Additional Languages _____

ENGLISH LANGUAGE REQUIREMENTS

The language of instruction at UWin is **English**. Students must have a level of ability of English that allows them to participate in all aspects of university study, including lectures, reading, writing, and discussion.

If English is not your first language and you are not from an [English Exempt Country](#), you must provide supporting documentation to show that you meet the requirements.

- I am from an [English Exempt Country](#)
- I have passed this English language test: _____
- I will take this English language test: _____



ACCESSIBILITY SERVICES

Accessibility Services offers support services and resources for students with disabilities or medical condition. Would you like to be contacted with more information?

- Yes
 No

EDUCATIONAL INFORMATION

Current Studies (your home university)

Institution Name _____

Country _____

Region _____

City _____

Start of Studies (MM/YYYY) _____

(Planned) End of Studies (MM/YYYY) _____

Name Study Program _____

DECLARATION & CERTIFICATION

You must check all the boxes!

I declare that all statements made with respect to this application are true and complete, that all records are complete and unaltered, and that accepting this declaration permits The University of Winnipeg to request, confirm, and/or share any necessary information with other educational institutions to support my Application. If enrolled in a joint program, I authorize The University of Winnipeg to share my academic record with partner institutions. If accepted to The University of Winnipeg, I agree to follow University regulations.

- Yes

I accept that misinterpretation, falsification of documents, or the withholding of requested information with respect to this application can result in cancellation of my acceptance and registration or dismissal from the University and that any information on falsifications may be shared with the Association of Registrars of the Universities and Colleges of



Canada and/or other post-secondary institutions. I accept that The University of Winnipeg may be verifying my documentation with the issuing body.

Yes

Personal Information collected on this application will be used by The University of Winnipeg for admission, registration, scholarships, awards, student records, alumni services, university research, housing, and other activities related to being a member of the university community. It may also be disclosed to relevant student associations and federal and/or provincial authorities. It is collected under the general authority of The University of Winnipeg Act, in conformity with, and protection under the Manitoba Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection and the use of this information please contact: Dan Elves, FIPPA and Records Officer, University of Winnipeg, 515 Portage Avenue, Winnipeg, MB. R3B 2E9 204.988-7538, da.elves@uwinnipeg.ca

Yes

Authorization for IEC to process the application

I hereby permit International Education Centre (IEC Online GmbH) to submit the information which I have provided on the Application Form of the University of Winnipeg via an electronic online application form created and maintained by the University of Winnipeg.

Applicant Signature: _____

Place, Date: _____

Please submit your application with all required documents to IEC:

IEC Online GmbH
Bewerbungsbetreuung
Marienstrasse 19/20
10117 Berlin
Germany