



**THE UNIVERSITY OF
WINNIPEG**
PROFESSIONAL, APPLIED AND CONTINUING EDUCATION

APPLICATION FOR ADMISSION

Part-time Program

[] Higher Education Teacher Certificate Program (HETC)

PLEASE PRINT CLEARLY

Last Name	First Name	Date of Birth (dd/mm/yy)
Mailing Address	City	Postal
Home Telephone	Alternative Telephone	Email

1. Are you a University of Winnipeg graduate student honours student faculty

If yes, please provide U of W Student Identification Number _____

Name Academic Advisor/Mentor _____

2. Are you currently on academic probation? yes no

3. Have you ever been required to withdraw from studies at another university or college for unsatisfactory academic performance? yes no

4. Have you ever or are you currently registered at another post-secondary institution? yes no

APPLICATION MUST INCLUDE:

- \$50.00 non-refundable application fee
- Supporting documentation (official transcripts, mark statements, proof of name change) for students outside The University of Winnipeg

EDUCATIONAL EXPERIENCE: (List most recent first)

**Degree/Diploma/Certificate
Institution**

Program

or highest grade achieved

This certificate includes an 18 hour Practicum requiring students to participate in the following:

- A variety of departmental, conference, and/or discipline-related workshops related to teaching

AND

- participation in a supervised teaching experience of at least 9 hours. This will include the preparation of a teaching plan, an assessment of the teaching and of the students' progress.

Please provide a general outline, detailing your opportunities for meeting the practicum component within your specific program of study or relevant experience, you feel would meet the criteria. Prior experiences will be assessed in collaboration with the instructor.

NOTE: A detailed proposal must be submitted to the course supervisor for approval when registering for the Practicum. For more information, contact Lelita Bailey at l.bailey@uwinnipeg.ca

Where did you hear about our program?

Freedom of Information Privacy Protection Act (FIPPA) CLAUSE

The University of Winnipeg for admission and registration purposes will utilize personal information collected on this form. It is collected under the general authority of the University of Winnipeg Act, in conformity with, and protected under, the Manitoba Freedom of Information and Protection of Privacy Act. The information will be used to admit you as a student, assign you a student number, register you in classes and record your grades, create your permanent student record and provide you with student privileges (library, athletics). It will also be used for accounting and correspondence purposes related to admission and registration. Elements of your personal information may also be provided to program staff to inform you of program and community events, and to University Relations/University of Winnipeg Foundation for alumni contact purposes. Finally, personal information may be used to conduct research into program enrolment and related statistical profiling activities. If you have any questions about the collection and use of this information please contact:

Krista Krueger, DCE FIPPA Contact
E-mail: k.krueger@uwinnipeg.ca

I declare that I have read and understood the information on this form and that all statements made with respect to this form are true and complete. I understand and I agree to the payment schedule, refund policy and attendance policy of the University of Winnipeg's specific program. I agree, if admitted, to comply with the regulations of the University of Winnipeg.

STUDENT SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

Fee: _____ Method of Payment: _____ Invoice #: _____
Batch #: _____ R.O. Received: _____ Date Processed: _____
Documentation: 1 2: a. b. c. Processed by: _____