



THE UNIVERSITY OF WINNIPEG

Application for Admission

Professional, Applied and Continuing Education

Management Certificate



The Management Certificate is designed for individuals who want to develop their professional skills and further their career. Students explore current business topics and trends using the case analysis methodology and develop the skills to help businesses compete in the current competitive environment. The Certificate program emphasizes skills such as leading and motivating employees, communication and problem-solving. PACE offers the Management Certificate in flexible study format. Courses can be taken in the evening and/or online.

ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS

1. Have you been enrolled or are you currently enrolled at a university or college? YES NO
2. Have you been asked to withdraw from studies at another university or college because of unsatisfactory performance or for disciplinary reasons? YES NO
3. Do you have an undergraduate degree? YES NO

PERSONAL INFORMATION (LEGAL NAME REQUIRED)

Returning Students: PROVIDE UW STUDENT NUMBER* _____ Gender: MALE FEMALE NOT SPECIFIED
*INCLUDES PACE, ELP, THEOLOGY & THE COLLEGIATE Date of Birth: DAY _____ MONTH _____ YEAR _____

Name: FIRST NAME (GIVEN NAME): _____ MIDDLE NAME: _____ LAST NAME (FAMILY NAME): _____

Current Address: STREET NUMBER: _____ STREET NAME: _____ UNIT/SUITE/APT: _____ POSTAL CODE: _____
 CITY: _____ PROVINCE: _____ COUNTRY: _____

How to reach you: HOME PHONE NUMBER: _____ WORK PHONE NUMBER: _____ MOBILE NUMBER: _____
 PERSONAL EMAIL ADDRESS: _____ WORK EMAIL ADDRESS: _____

Aboriginal Ancestry:
 The Aboriginal Student Services Centre (ASSC) offers services, events and information on sources of funding that may be of interest to you. By declaring your status, you will help in the development of new services and events for First Nations, Métis and Inuit students:

- FIRST NATIONS (STATUS) FIRST NATIONS (NON-STATUS)
- INUIT MÉTIS ABORIGINAL/INDIGENOUS

Accessibility:
 Accessibility Services assists with confidential academic accommodation and support plans for students who identify themselves as having a disability or temporary health condition. For more information, call Accessibility Services at (204) 779-UWIN (8946).

CONTACT ME ABOUT SERVICES AVAILABLE IN ACCESSIBILITY SERVICES

Transfer Credit Assessment

Applicants seeking transfer credit assessment must provide detailed course outlines with their application form and complete the information below. *This section does not apply to pre-approved courses taken at the City of Winnipeg.*

Request transfer credit? YES NO

If yes, identify the course(s), along with the course number, requiring assessment below:

COURSE FROM OTHER INSTITUTION:

PACE EQUIVALENT:

APPLICATION CHECKLIST

Checklist of required supporting documents:

- RESUME
- ACADEMIC TRANSCRIPTS
Proof of graduation and official academic transcripts, including copies of any degrees.
- LETTER FROM EMPLOYER, VERIFYING EMPLOYMENT
- INTERNAL TRAINING SUMMARY. LISTING ALL RELEVANT PROFESSIONAL DEVELOPMENT
- ENGLISH LANGUAGE PROFICIENCY (IF ENGLISH IS NOT YOUR FIRST/PRIMARY LANGUAGE)
Official scores must be sent directly to UWinnipeg from the respective testing office. IELTS results, however, must be retrieved online. Please provide a copy of your IELTS report for verification purposes.
- TRANSFER CREDIT ASSESSMENT
If requesting transfer credit assessment, detailed course outline(s) must be provided. Approval of transfer credit is not guaranteed. This section does not apply to pre-approved courses taken at the City of Winnipeg.
- PROOF OF NAME CHANGE
Required if different on any supporting documents.

SUBMITTING YOUR APPLICATION

MAIL:
University of Winnipeg, PACE
515 Portage Avenue
Winnipeg, Manitoba
CANADA R3B 2E9

IN-PERSON:
PACE Registration Office
Buhler Centre
460 Portage Avenue
(at Memorial Boulevard)

EMAIL:
applytopace@uwinnipeg.ca
Original transcripts are required to complete the application and must be sent via mail or dropped off in person

OFFICE USE ONLY

RECEIPT _____

TRANSFER CREDITS

STUDENT NUMBER _____

POST-DEGREE VERIFIED

DATE RECEIVED:

APPLICATION DECLARATION

SIGN & DATE - INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Read and sign the following:

I declare that all statements made with respect to this application are true and complete, that all records are complete and unaltered, and that this signed application permits The University of Winnipeg to request, confirm, and/or share any necessary information with other educational institutions to support my application, including the UWinnipeg Alumni Association, appropriate bodies involved in external or internal funding, professional associations affiliated with these programs, and the Association of Universities and Colleges of Canada. 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 all University regulations.

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

I hereby authorize the University:

- to verify information with the institutions where I have studied.
- to verify any information or statement provided as part of my application, realizing that my admission to the University of Winnipeg may be revoked in the event that information in my application or supporting documentation has been falsified.
- to share information pertaining to any falsified academic claims with the Association of Registrars of the University and Colleges of Canada.

Signature: _____

Date: _____

PERMISSION TO RELEASE PERSONAL INFORMATION (OPTIONAL)

Read and complete the following if you wish to release personal information to a third party:

Your written permission is required before any personal information, including admissions decisions and the release of your enrolment documents (including letters of acceptance, payment statement, original documents, grades), can be released to a third party. If you would like to grant a third party access to your application information, you must indicate so below. Access to your personal information will be granted only during the evaluation of your application.

I consent to the disclosure of information regarding my enrollment status in the program, and to the release of my enrolment documents (including letters of acceptance, payment statement), to a third party.

Name of Third Party: _____
 Relationship: _____
 Address: _____
 E-mail: _____
 Telephone: _____

Signature: _____

Date: _____

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

The University of Winnipeg will use the personal information collected on this form for registration, tuition accounts, and official University correspondence purposes only. 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.

Elements of your personal information may also be provided to program staff to inform you of program or community events, and to the Advancement Services/ 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 or use of this information, please contact Dan Elves, the UWinnipeg FIPPA Officer at d.elves@uwinnipeg.ca.

To cancel your application to a later intake, students must submit a written request at least two weeks prior to the start of the program. Please refer to the UWinnipeg refund policy for more detailed information regarding the refund process.