



## Registration Instructions Summer 2017

### **General Instructions:**

- Please complete all the steps outlined below before submitting your registration documentation
- If you have not attended or taken any courses at McGill University before, do not write anything in the section marked "STUDENT NO." on all forms.

### **STEP 1 –Registration Form**

- Please complete the Registration Form provided (Please print clearly).
- Please indicate the term 201705 on the Term/Trimestre box.
- Please note that if you do not have a Permanent Code, please leave this field blank.
- Please proceed to complete the rest of the Registration Form by clearly printing your information in as many of the sections that apply to you as possible.
- Course Selection: You are NOT required to fill out this section. The CRN, Course Number, Section, Status and Advisor Approval will be entered by McGill administrative staff.
- At the bottom right corner of the page, please ensure that you sign your name on the first line marked "STUDENT'S SIGNATURE/SIGNATURE DE L'ETUDIANT(E)", and indicate the date directly below.

### **STEP 2 – Permanent Code Data Form**

- Please complete the Permanent Code Data Form provided.
- If you have attended High School and/or CEGEP in Quebec, please indicate your Permanent Code in Box #1.
- If you did not attend High School and/or CEGEP in Quebec, do not complete Box #1.
- Please proceed to complete all the required information on the form.
- If you do not have a McGill University Student ID Number, you do not need to write anything in Box #2.



- At the bottom of the page, please ensure that you have signed your name in the box indicated "SIGNATURE"

### **STEP 3 – Required Legal Documentation**

- Please include a clear photocopy of the Photo Page of your Passport. Note: Upon your arrival, we will require a copy of the page stamped in your passport at the point of entry into Canada.
- Electronic Travel Document (**online**): Starting March 15, 2016, visa-exempt foreign nationals who study in Canada for less than 6 months will need an Electronic Travel Authorization (eTA). Exceptions include U.S. citizens and students with a valid visa. The Electronic Travel Authorization (eTA) is completed online. Please visit [eTA application page](#)

Note regarding Visas: It is possible that you might need a visitor's visa issued by Citizenship and Immigration Canada at the point of entry into Canada. To find out if you require such a visa, please visit [Citizenship and Immigration Canada](#).

### **STEP 4 – Consent for Release of Official Document(s)**

- Please complete the form entitled « Consent for Release of Official Document(s) » so that we may have your consent to order your transcript on your behalf.

Reminder: sign and date the student's signature section. Please note that if you are under 18 years old, your parent or legal guardian must also sign the form.

### **STEP 5 – Short Term Residence Responsibility Form**

- Please fill out the requested student information on the form entitled « Short Term Residence Responsibility Form» and sign and date the student's signature section.
- Please note that if you are under 18 years old, your parent or legal guardian must also sign the form.

### **STEP 6 – Video Release Form**

- Please fill out the requested student information on the « Video Release Form » and sign and date the form
- You may indicate "Student" in the field entitled *Description of Participant*



## **STEP 7 – Photo Release Form**

- Please fill out the requested student information on the « Photo Release Form » and sign and date the form
- Please note that if you are under 18 years old, your parent or legal guardian must also sign the form.
- Note: you may leave the first field blank at the top of the page after “Photographer”.



PLEASE PRINT / REMPLIR LE FORMULAIRE EN MAJUSCULES

IF YOU HAVE ATTENDED MCGILL BEFORE (INCLUDING SUMMER SESSION), GIVE YOUR STUDENT NUMBER.  
SI VOUS AVEZ DÉJÀ FRÉQUENTÉ MCGILL (Y COMPRIS AU TRIMESTRE D'ÉTÉ), INDIQUEZ VOTRE NUMÉRO MATRICULE.

IF YOU WERE MARRIED IN QUÉBEC ON OR AFTER APRIL 2, 1981, YOU MUST USE YOUR MAIDEN NAME.  
SI VOUS VOUS ÊTES MARIÉE AU QUÉBEC LE 2 AVRIL 1981 OU APRÈS, VEUILLEZ INSCRIRE VOTRE NOM DE JEUNE FILLE.

TERM / TRIMESTRE

STUDENT NO. N° MATRICULE		STUDENT NAME NOM DE L'ÉTUDIANT/E		FAMILY NAME / GIVEN NAMES / MR. MRS. MS NOM / PRÉNOMS / M. MME Mlle	
DATE OF BIRTH DATE DE NAISSANCE		YR / AN MO DY / JR		CANADIAN SOCIAL INSURANCE NO. N° D'ASSURANCE SOCIALE CANADIEN	
HOME ADDRESS: if the same as mailing address check (✓) here: ADRESSE PERMANENTE: si l'adresse postale est la même, cochez (✓) ici: <input type="checkbox"/>			MAILING ADDRESS (to be used on all correspondence) ADRESSE POSTALE (pour toute correspondance)		
STREET NUMBER, STREET NAME / N° RUE, RUE			STREET NUMBER, STREET NAME / N° RUE, RUE		
CITY / VILLE			CITY / VILLE		
PROVINCE / STATE / COUNTRY		PROVINCE / ÉTAT / PAYS		POSTAL CODE / CODE POSTAL	
HOME TELEPHONE NO. N° DE TÉL. À DOMICILE		AREA CODE / INDICATIF RÉG		FORMER LEGAL NAME NOM PATRONYMIQUE ANTÉRIEUR	
MOTHER TONGUE LANGUE MATERNELLE		PRINCIPAL LANGUAGE USED LANGUE D'USAGE		SEX SEXE	
1 ENGLISH 2 FRANÇAIS 3 OTHER		1 ENGLISH 2 FRANÇAIS 3 OTHER		M <input type="checkbox"/> F <input type="checkbox"/>	
COUNTRY OF CITIZENSHIP CITOYENNETÉ		IF NON CANADIAN YOUR STATUS IS SI VOUS N'ÊTES PAS CANADIEN/NE VOTRE STATUT EST		PERMANENT RESIDENT / RÉSIDENT PERMANENT <input type="checkbox"/> STUDY PERMIT (VISA) / PERMIS D'ÉTUDES <input type="checkbox"/> DIPLOMAT / VISA DIPLOMATIQUE <input type="checkbox"/> OTHER / AUTRE <input type="checkbox"/>	
E-MAIL ADDRESS COURRIEL		EMPLOYER EMPLOYEUR		BUSINESS TELEPHONE NO. N° DE TÉLÉPHONE AU TRAVAIL	
HIGHEST LEVEL OF EDUCATION COMPLETED CHECK ONE (✓) ONLY PLUS HAUT NIVEAU D'ÉTUDES COMPLÉTÉ NE COCHEZ (✓) QU'UNE SEUL CASE		ELEMNTARY PRIMAIRE <input type="checkbox"/> TECH. VOC. FORMATION TECH. <input type="checkbox"/> HIGH SCHOOL SECONDAIRE <input type="checkbox"/> CEGEP OR / OU ÉQUIV <input type="checkbox"/>		PERMANENT CODE CODE PERMANENT	
		1		2	
		3		4	
		5		6	
		7		8	

COURSE TITLE / TITRE DU COURS	CRN*	Course Number	Section	Status	Advisor Approval
Example: Introduction to Science	1 0 0 1	E D C N 3 3 2	7 5 1		
1.					
2.					
3.					
4.					
5.					

FOR DEPARTMENT USE ONLY / RÉSERVÉ À L'ADMINISTRATION

PROGRAM/ME:	ADMIN. UNIT / UNITÉ ADMIN.	SESSION:
SPECIAL STUDENT / ÉTUDIANT À STATUT PARTICULIER <input type="checkbox"/>		

I hereby acknowledge that I am bound by and undertake to observe the statutes, rules, regulations and policies in place from time to time at McGill University and of the Faculty or Faculties in which I am registered, including those policies contained in the University calendars and other official documents. I understand that my obligations as a student commence with my registration and terminate in accordance with the university's statutes, regulation and policies. I certify that the information submitted on my application form is complete and correct at the time of submission, including my declaration of citizenship and immigration status, which I may be required to document. I agree to provide proof of eligibility in order to be assessed Canadian fees. Further, I understand that misrepresentation of any information may result in my admission to, or registration in, the university being rescinded. I recognize that a McGill student identity card is required for access to services. I understand that my likeness and signature will be captured in order to produce the card and stored for subsequent identification. I am aware of those provisions of Quebec Law concerning the protection of personal information including the right to correct my record and agree to the release of nominative information as indicated on the reverse of the present form. This agreement is governed by the laws of the Province of Quebec.

Je reconnais par la présente être lié(e) aux lois, règlements et politiques de l'Université McGill, de la faculté ou des facultés auxquelles je suis inscrit(e) ainsi qu'aux politiques mentionnées dans les annuaires de l'Université et autres documents officiels, et je m'engage à les respecter. Il est entendu que mes obligations à titre d'étudiant(e) débutent lors de mon inscription et prennent fin conformément aux dispositions des lois, règlements et politiques de l'Université. Je certifie par la présente que les renseignements figurant sur mon formulaire de demande d'admission sont complets et exacts au moment de la demande, y compris la déclaration de citoyenneté et de statut d'immigrant que je me tiens prêt(e) à justifier au besoin. Je m'engage à fournir une preuve d'admissibilité aux droits de scolarité canadiens. Il est entendu, par ailleurs, que tout faux renseignement peut entraîner la résiliation de mon admission ou de mon inscription à l'Université. Je sais que la carte d'étudiant de McGill est exigée pour avoir accès aux services. Je sais que la préparation de cette carte d'identité nécessitera la prise de mon portrait et de ma signature, qui seront mémorisés pour fins d'identification ultérieure. Je connais les dispositions de la loi du Québec concernant la protection des renseignements personnels, et notamment le droit qui m'est reconnu de faire corriger mon dossier. Je consens à la divulgation de renseignements à mon égard qui figurent au verso du présent document. Cette convention est régie par les lois de la province de Québec.

STUDENT'S SIGNATURE / SIGNATURE DE L'ÉTUDIANT

DATE

SIGNATURE

DATE

## PROTECTION OF PERSONAL INFORMATION

**BILL 65:** The Act Respecting Access to Information Held by Public Bodies and the Protection of Personal Information.

Personal information is protected by legislation in the Province of Quebec. The provisions of this statute are such that discussion about a student's application file, or access to that file, is restricted to the applicant involved. Other persons or organizations can have access to information pertaining to a student's application only if the student has provided the School of Continuing Studies with written authorization which specifies both to whom information can be given and the type of information which can be released.

Certain information gathered by the University about an applicant or student will be released to the following bodies upon their request:

- a) the Student Association recognized by McGill University
- b) the McGill Alumni Association
- c) the school(s) or college(s) which the student attended
- d) the appropriate authorities involved with the external or internal funding of fees
- e) the professional bodies or corporations (e.g., engineers, dentists).

A student may oppose the release of information to those named above by completing an opposition form at the Registrar's Office.

Officers and members of the University staff (e.g. Faculty officers, Office of the Dean of Students, etc.) may also have access to relevant parts of such records for recognized and legitimate use.

## PROTECTION DE LA VIE PRIVÉE DES RENSEIGNEMENTS PERSONNELS

**LOI 65:** Loi protégeant l'accès aux informations détenues par des organismes publics et la protection de la vie privée.

Les renseignements personnels sont protégés par une loi adoptée par la province de Québec. En vertu de cette législation, seul le candidat concerné a le droit de discuter de son dossier d'inscription ou d'avoir accès à ce dernier. Les données relatives au dossier de candidature d'un étudiant ne sont accessibles à d'autres personnes ou organismes que si l'étudiant a remis à l'École d'éducation permanente une autorisation écrite précisant les personnes et organisations à qui ces données peuvent être divulguées.

Certaines données recueillies par l'Université sur un candidat ou un étudiant peuvent être divulguées aux organismes suivants à leur demande:

- a) les associations d'étudiants reconnues par l'Université McGill
- b) l'Association des anciens étudiants de l'Université McGill
- c) les écoles ou collèges que l'étudiant a fréquentés
- d) les instances compétentes qui acquittent les droits de scolarité
- e) les associations ou corporations professionnelles (par exemple d'ingénieurs, de dentistes).

Un étudiant peut s'opposer à la divulgation d'informations aux personnes nommées ci-dessus en remplissant un formulaire d'opposition au Registrariat.

Les agents et membres du personnel de l'Université (par exemple, les agents des facultés, le bureau du doyen des services aux étudiants, etc.) peuvent aussi avoir accès aux parties pertinentes des dossiers en vue d'une utilisation reconnue et légitime.



**PERMANENT CODE DATA FORM**

*Please complete this form in block letters. S'il vous plaît remplissez ce formulaire en lettres moulées.*

**1 Permanent Code/Code Permanent** (Please indicate here your Permanent Code if you have one/Veuillez nous indiquer votre code permanent si vous en possédez un)

If you provided your permanent code in section [1] above, you need to provide a document that has the permanent code pre-printed such as CEGEP transcript or a Québec financial aid document. Si vous avez fourni votre code permanent dans la section [1] au-dessus, vous devez attacher un document sur lequel figure votre code permanent tel qu'un relevé de notes (CEGEP) ou une attestation d'aide financière de la province du Québec.

**McGill Student Number/Numéro de matricule McGill**

**E-mail address/courriel**

**2**

**3 Legal Last Name/ Nom légal**

**4 Legal First Name/Prénom légal**

**5 Date of Birth / Date de naissance**

**Sex/Sexe (M/F)**

Year/Année	Month/Mois	Day/Jour
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**6 Place of Birth/Lieu de naissance** (City, Country- If Country is Canada, please also include Province/Ville,Pays- si le pays est le Canada veuillez aussi indiquer la province)

City/Ville	Province	Country/Pays
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**7 Father's Last and First Names/Le nom et prénom de votre père**

**8 Mother's (Birth) and First names/Le nom (naissance) et prénom de votre mère**

I hereby certify that the information provided in this form is true, accurate and exact. I understand that this declaration has the same force and effect as if made under oath, in conformity with the *Canada Evidence Act*. Je déclare que tous les renseignements fournis dans ce formulaire sont véridiques, exacts et complets. Je reconnais que la présente déclaration a la même force et le même effet que si elle était faite sous serment, en conformité avec *la loi de la preuve du Canada*.

**DATE:**

**SIGNATURE:**

**FOR OFFICE USE ONLY:**

ARR/January 2005 V7

**UNIVERSITY SIGNATURE:**

**DOCUMENT:**



## Consent for Release of Official Documents and Sharing of Information

### Student information (please print)

McGill ID (if available):	
Name (last, first):	
Former name, if applicable (maiden, etc.):	
Date of Birth:	
Phone number:	
Fax (if available):	
Current Address:	

### Consent

In accordance with the Quebec Act Respecting Access to Documents Held by Public Bodies and the Protection of Personal Information, McGill University is required to protect the privacy of personal information relating to current and former students. Requests for the release of personal information must be accompanied by a signed consent from the individual.

I, (please print) \_\_\_\_\_, authorize McGill University to release my personal information as defined below to the Home University Representative listed below.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### To be completed by Parents/Legal Guardians of students under the age of 18:

Parent's/Guardian's name (please print): \_\_\_\_\_

Parent's/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Documents and information covered by this consent form:

- Official Transcript
- Any communication, in any form, pertaining to my academic, financial or disciplinary records.

### Home Institution Representative (please print)

Name (last, first):	
Phone number:	
Email:	
Fax number (if available)	
Current address	

*McGill University will not issue partial transcripts. Transcripts will not be issued if you have a "hold" on your record for non-payment of fees/fines. Normal processing time is 5 to 7 working days. Delays may occur for archived records (pre-1972 or pre-1986 for Continuing Education) and during peak periods. Students are responsible for ensuring that requests are submitted well in advance of deadline dates. McGill University is not responsible for transcripts lost or delayed in the mail.*



Short Term Residence Responsibility Form

Summer 2017

Student name: \_\_\_\_\_

Student Home Address: \_\_\_\_\_

Student email address: \_\_\_\_\_

Cell (Mobile) phone number: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Student date of birth: \_\_\_\_\_

Date of stay in residence\*: from (arrival): \_\_\_\_\_ to (departure): \_\_\_\_\_

Study Program/Courses: Happy Body Happy Planet

Name of residence: EVO Downtown

Address of residence: 420 Sherbrooke East, Montreal, H3A 1B2

Cost of stay: Included in program fees

**What is included:** Accommodation in double occupancy as well as daily breakfast and lunch for the duration of the stay within arrival and departure dates above (*\*Please note that arrival should not be earlier than July 15, 2017 and departure no later than July 29, 2017*), facilities at the Residence, weekly cleaning of room, bathroom and outside of appliances (small fridge/freezer, microwave), weekly cleaning of bed linen and towels.

**What is NOT included in the fee:** Cleaning of personal clothing, toiletries, meals, and all other items not explicitly mentioned as being included in the fee.

I, (print name) \_\_\_\_\_ thereby request that a double occupancy room be rented for me during my stay at McGill University in the aforementioned residence hall above. I realize that I have no control over the assigned roommate to the same room if I selected a double occupancy room. I also accept full financial responsibility, including finance charges that will accrue on unpaid charges and all costs relating to the collection of unpaid balances, including attorney fees, collection costs and interest for any damage that I may cause directly or indirectly to the Residence, its furniture and other content and for injuries that I may directly or indirectly cause to other residents, guests or





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**Continuing Studies**

École  
**d'éducation permanente**

myself. At the time of departure, any missing item originally supplied with the room will also be my financial responsibility. I acknowledge that I am aware of the non-smoking policy of the residence;

I assume financial responsibility for any cleanup costs that may be required. I will abide by the Residence's Code of Conduct, and all the relevant McGill policies and regulations.

**Student's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If the student is not 18 years of age at the date of signature of this form, a parent or legal guardian must sign below, assuming de facto full responsibility in place and name of the student.

I, (print name) \_\_\_\_\_ thereby accept full responsibility in place and name of signee above for their use of the aforementioned residence.

**Parent's or Legal Guardian's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# McGill

## Consent

I, the undersigned, consent to McGill University's recording my presentation, given on 16/07/17 - 28/07/17, and I grant to McGill University a worldwide non-exclusive, royalty free, right to use, reproduce, distribute and broadcast, at its convenience and without restriction, in whole or in part, (hereinafter the "License") the contents recorded during the presentation or interview, including, without limitation, texts, pictures, photographs, graphics, and music (hereinafter the "Material"). The License includes the right to grant sublicenses to Canal Savoir or any other broadcaster or distributor, such as Apple iTunes or similar endeavours, for a maximum duration of 5 years to broadcast and promote the said presentation on television networks and on the Web.

Furthermore, I consent to the modification of the format and the display of the Material if said modification does not affect the substance of the presentation.

I represent that the Material is original and does not infringe any existing copyright or any intellectual property right of a third party, that I am the author of the rights licensed hereunder and that I am not a party to any contractual undertaking limiting the right to enter into this Consent, that I have obtained written authorization to reproduce and to communicate by telecommunication, if need be, the contents of any work attached or incorporated to the Material, that the Material does not violate the privacy or personality rights of any person whatsoever, and that I have cited and credited any third party contribution in accordance with applicable copyright legislation and standard practices in matters of attribution of authorship, and that the Material does not contravene any other laws or regulations.

I agree to my image, voice and likeness being used in the Material.

Finally, I confirm my understanding of the nature and effect of this consent and I agree to be bound by it.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

<b>FIRST AND LAST NAME OF PARTICIPANT, TITLE</b> (BLOCK LETTERS, eg. Prof. John Doe, Evolutionary Biologist)	<b>TELEPHONE NUMBER</b> ( )
<b>CIVIC ADDRESS (street, city, country, postal code)</b>	<b>DESCRIPTION OF PARTICIPANT</b> (featured in "name" video)



# McGill

## MCGILL UNIVERSITY PHOTO RELEASE

Photographer, \_\_\_\_\_, representing McGill University.

### Description of photographs

This Agreement applies to any and all photographs of the Subject, or photographs in which the Subject is included, made/taken by the Photographer at the Location below and on the Date below, and to all reproductions in any medium of such photographs.

### Use of the photographs

The Subject consents to, and authorizes the use of the photographs by McGill University (including authorized representatives and successors), and assigns for any purpose whatsoever including without limitation: publication, reproduction in any and all media, exhibition or any other form of promotion and/or publicity. The Subject also consents to the use of any printed matter, titling or wording in conjunction therewith. The Subject agrees the photographs may be used without compensation for an unlimited time and that this Agreement is irrevocable.

### Ownership rights in the photographs

The Subject agrees that the photographs, the copyright in the photographs and all other rights in the photographs or copies or reproductions in medium are the sole property of McGill University.

### Release from liability

The Subject releases McGill University and all other persons entitled under this Agreement from all liability for libel, invasion of privacy, and all causes of action whatsoever in relation to the photographs, their making and use.

Location: McGill University, Montreal, Quebec, Canada.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

Subject's name: \_\_\_\_\_

I am 18 years of age.

Signature: \_\_\_\_\_

E-mail address or phone number: \_\_\_\_\_

If Subject has not reached the Age of Majority, Parent or Guardian hereby gives their irrevocable permission to McGill University to use the photographs as outlined above. Parent or Guardian must sign below and PRINT Subject's Name above.

Parent or Guardian Signature \_\_\_\_\_

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### OTHER INFORMATION

If student, year and field of study:

Year: \_\_\_\_\_

Program: \_\_\_\_\_