

RE-ENTERING AFTER ABSENCE

Students who have been absent from studies at NSCAD University for more than 3 semesters should request information on any new programs or degree requirements that have been instituted during their absence. These students are required to meet any new requirements to degree programs and should request updated credit summaries.

Students are also responsible for updating personal information in their records, such as current mailing addresses, email addresses, changes to marital status, etc. All returning NSCAD students are also issued a **NSCAD Student Email Address** which should be checked regularly. Please visit the links under Current Students to review upcoming deadlines: <http://www.nscad.ns.ca/students/index.php>, especially the **Timetables and Calendars** link and the information available there regarding **Registration Instructions**.

Re-Entry Deadlines: for requesting updated credit summaries prior to an upcoming registration:

February 15 for Summer Registration

February 15 for Fall Registration

September 15 for Winter Registration

Fee: Effective September 2008, Application to Re-Enter must be accompanied by a fee of \$30, payable by cheque to NSCAD.

Re-entering students may continue beyond these dates to request information about returning to studies, but these dates are given to allow re-entering students to exercise their credit priority in selecting required courses for their degree programs.

Registration information is regularly posted on the NSCAD website at www.nscad.ca/students and is available within one – two weeks of a registration period. The registration information is not printed and is not currently available for mailing. Students are welcome to access this information from the website and to prepare their schedules through the Interactive Timetable. They may then submit their Course Selection Form, along with the Student Information Sheet in person, or by fax or mail.

Academic Advising

Students should note that a number of programs offer courses in a sequential manner. Students should seek academic advising from the Office of Student and Academic Services concerning the best options for their re-entry to certain programs

Information Requested

Please provide the following information so that updated credit summaries or other advising material may be forwarded to you

Name _____ ID# if known _____

Current Mailing Address _____

City - _____ Province _____ Postal Code _____

Telephone _____ Email _____

Last Semester of Registration at NSCAD _____

Intended Semester to Return _____

Intended Degree and / or Major _____

Intended Registration Status ___ FT (9-15 Credits) ___ PT (3-6 Credits)

Signature _____ Date _____

Office Use Only:

___ File reactivated ___ Credit Summary ___ Student Information Sheet ___ Fee Received

STUDENT INFORMATION FORM

1.0 Personal details

LAST NAME	FIRST NAME	ID NUMBER
DATE OF BIRTH (DD/MM/YYYY)	FIRST LANGUAGE	SOCIAL INSURANCE NUMBER

2.0 Contact details

LOCAL STREET ADDRESS		
CITY	PROVINCE/STATE	POSTAL CODE
EMAIL	TELEPHONE	ALTERNATE TELEPHONE
PERMANENT STREET ADDRESS		
CITY	PROVINCE/STATE	POSTAL CODE
EMAIL	TELEPHONE	ALTERNATE TELEPHONE

3.0 Statistical

The information requested in this section is required by Statistics Canada.

Marital Status: single, widowed, divorced married, separated

Gender: male female

Visible Minority: yes no North

American Aboriginal

4.0 Citizenship

Immigration Status: Canadian citizen landed immigrant student visa other visa

COUNTRY OF CITIZENSHIP	ENTRY DATE TO CANADA
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5.0 Education

HIGH SCHOOL ATTENDED	CITY	PROVINCE/STATE
PREVIOUS POST SECONDARY INSTITUTION	DEGREE	DATES ATTENDED
PREVIOUS POST SECONDARY INSTITUTION	DEGREE	DATES ATTENDED

6.0 Emergency Contact

LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT
STREET ADDRESS		
CITY	PROVINCE/STATE	POSTAL CODE
EMAIL	TELEPHONE	ALTERNATE TELEPHONE

7.0 Declaration

The information herein is confidential, I acknowledge this information is correct and I will comply with the regulations of NSCAD.

SIGNATURE	DATE
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8.0 NSCAD Communications

If you wish your family to receive the NSCAD magazine and other university communications, please complete this section.

STUDENT LAST NAME	FIRST NAME	
LAST NAME OF PARENT/GUARDIAN OR NEXT OF KIN NOT LIVING WITH YOU	FIRST NAME	
STREET ADDRESS		
CITY	PROVINCE/STATE	POSTAL CODE
EMAIL	TELEPHONE	ALTERNATE TELEPHONE
