

DECLARATION OF MAJOR BACHELOR OF CHILD STUDIES

This form is for students who are currently enrolled in the Bachelor of Child Studies - undeclared program.

STUDENT INFORMATION

Last/Family Name:			First Name:			Middle Name:					
MRU Student ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of Birth: Day	<input type="text"/>	Month	<input type="text"/>	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
MRU Email:			Phone (cell):			Phone (home):					

INDICATE INTENDED MAJOR

- ☐ Child and Youth Care Counsellor
- ☐ Early Learning and Child Care

Freedom of Information and Protection of Privacy: The personal information you provide on, or with, this form is collected under the authority of the Post-Secondary Learning Act and the Freedom of Information and Protection of Privacy Act in the Province of Alberta. This information will be used for academic administration, the administration of Mount Royal support services, scholarship and financial aid awards, marketing and recruitment activities and in compliance with data sharing agreements with the Students Association of Mount Royal. Further information is available in the Mount Royal calendar and at mtroyal.ca. Questions can also be directed to the Office of the Registrar at 4825 Mount Royal Gate, SW; Calgary, AB; T3E 6K6 or by phone at 403.440.3435.

STUDENT SIGNATURE:

DATE:

RETURN THIS FORM TO THE OFFICE OF THE REGISTRAR.

OFFICE USE ONLY

DATE RECEIVED:

<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved	<input type="checkbox"/> N/A	Initial:	Date:
<input type="checkbox"/> Record updated			Initial:	Date:
<input type="checkbox"/> Email notification sent			Initial:	Date: