



**CGA STUDENT SERVICES**  
 4 Donald Street South  
 Winnipeg MB R3L 2T7  
 Student Services Hotline: 1-877-452-4262  
 Fax: 204.453.7176  
 studentservices@cga-manitoba.org

## Readmission Application

**Please submit this form with a current resume and official transcripts from any post-secondary courses completed since your last enrollment.** Readmission applications must be submitted a minimum of 2 weeks prior to the sessional enrollment deadline. Please allow 7 – 10 business days for processing. Readmission Fee: **\$75.00 + GST**. If you have not been in the program since 2004 please allow 15-17 business days for processing.

Student number \_\_\_\_\_ To which Association did you belong?  MB  SK  Other \_\_\_\_\_

Name \_\_\_\_\_ Birth Date(mm/dd/yyyy) \_\_\_\_\_

Name Commonly Used \_\_\_\_\_

If you were enrolled under another name, please include it here \_\_\_\_\_  
*(attach a copy of your legal name change certificate with this application)*

Address (Street) \_\_\_\_\_ Email Address \_\_\_\_\_

(City/Prov/Postal Code) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Office Phone ( ) \_\_\_\_\_ ext. \_\_\_\_\_ Cellphone ( ) \_\_\_\_\_

Academic year last enrolled in CGA program? \_\_\_\_\_

Have you been convicted of a criminal offence since you were last enrolled?  Yes  No

If yes, attach a brief description of the conviction in a sealed envelope marked **"Confidential"**

Please explain why you had withdrawn from the CGA program.

\_\_\_\_\_  
 \_\_\_\_\_

Briefly, explain why you are applying for readmission:

\_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

|   |                                     |                    |                       |
|---|-------------------------------------|--------------------|-----------------------|
| <input type="checkbox"/> Cash (MB only)           | <input type="checkbox"/> Visa       | Credit Card Number | Expiry Date           |
| <input type="checkbox"/> Debit Card (MB only)     | <input type="checkbox"/> MasterCard |                    |                       |
| <input type="checkbox"/> Cheque (To CGA Manitoba) | <input type="checkbox"/> AMEX       | Card Holder Name   | Card Holder Signature |
| <b>TOTAL</b> (\$75 + GST)                         | \$ _____                            |                    |                       |

|   |                         |
|---|-------------------------|
| <b>FOR OFFICE USE ONLY</b>  |                         |
| Payment received & Processed _____  | Order no. _____         |
| Readmission approved <input type="checkbox"/> By Staff <input type="checkbox"/> _____ Committee <input type="checkbox"/> MB <input type="checkbox"/> SK | Date _____              |
| Letter sent (date) _____  | Data base entered _____ |