



Name (please print): \_\_\_\_\_

**Checklist for Completing the Application for the (check one):**

- Master of Business Administration (MBA) Program
- Master of Administration (Leadership) Program
- Master of Human Resource Management (MHRM) Program
- Master’s Certificate Program

Please fill out all parts of this form and send to:

**Kenneth Levene Graduate School of Business**  
**University of Regina – ED-508**  
**3737 Wascana Parkway**  
**Regina, Saskatchewan**  
**Canada S4S 0A2**

Enclosed	To Follow	
		<b>Application Form</b> <ul style="list-style-type: none"> <li>• Please make sure all parts of the application form are completed.</li> </ul>
		<b>Resumé</b> <ul style="list-style-type: none"> <li>• Include a resumé that lists your work experience (minimum 2 years of full-time work experience)</li> </ul>
		<b>Personal Statement</b> <ul style="list-style-type: none"> <li>• Include a Personal Statement that explains why you are interested in pursuing a Master of Business Administration degree.</li> </ul>
		<b>Two Confidential Recommendation Forms</b> <ul style="list-style-type: none"> <li>• Two professors or supervisors should each fill out a Confidential Recommendation Form. Each Confidential Recommendation Form must be in a sealed envelope, signed across the seal by the referee.</li> </ul>
		<b>Official Transcripts sealed in official envelopes</b> <ul style="list-style-type: none"> <li>• A transcript is considered official only if it is received in an envelope from the issuing university that is sealed and bears an official university stamp across the seal.</li> <li>• Transcripts in languages other than English or French must be accompanied by a certified literal translation.</li> <li>• Applicants must meet the following minimum requirements:  <b>Canada:</b> Minimum average of 70% (B).  <b>Other Countries:</b> <a href="http://www.uregina.ca/gradstudies/intl/min_standards.shtml">http://www.uregina.ca/gradstudies/intl/min_standards.shtml</a></li> </ul>
		<b>Application Fee Payment</b> <ul style="list-style-type: none"> <li>• \$85 Canadian students; \$100 international students</li> <li>• Non-refundable application fee must be submitted with your application.</li> </ul>
		<b>GMAT (FOR MBA ONLY)</b> <ul style="list-style-type: none"> <li>• Official GMAT scores should be sent directly to the Kenneth Levene Graduate School of Business, University of Regina, 3737 Wascana Parkway, Regina, Canada S4S 0A2.</li> <li>• A minimum score of 500 is required (but does not guarantee acceptance).</li> </ul>
		<b>TOEFL (or proof of English proficiency) if academic training was not in English</b> <ul style="list-style-type: none"> <li>• Official scores should be sent directly to the University of Regina, 3737 Wascana Parkway, Regina, Canada S4S 0A2</li> <li>• The following are the minimum requirements for various language tests: <ul style="list-style-type: none"> <li>○ TOEFL – 580 paper-based/237 computer-based/88 internet-based</li> <li>○ International English Language Testing System (IELTS) – 6.5</li> <li>○ CanTEST (Bands 1.0 to 5.0) – 4.75</li> <li>○ Canadian Academic English Language Assessment (CAEL) – 70</li> <li>○ Michigan English Language Assessment Battery (MELAB) – 85</li> </ul> </li> </ul>



**INFORMATION AND INSTRUCTIONS**

UNIVERSITY OF REGINA WELCOMES YOUR APPLICATION.

**WHO MUST SUBMIT THIS FORM?**



All new applicants for admission to the Master of Business Administration (MBA) or Master of Human Resource Management (MHRM) programs.

Please read all of the instructions carefully before completing this form. Send the completed application package to:

**Kenneth Levene Graduate School of Business  
Faculty of Business Administration  
University of Regina  
Regina, Saskatchewan  
Canada S4S 0A2**

Letters of admission will be sent to candidates from the Faculty of Graduate Studies and Research (FGSR). FGSR has sole authority for admission, and **all offers of admission are made by the Dean of FGSR or the Dean's designate. Correspondence with a faculty member, department or school does not constitute approval for admission.** All offers of admission are valid for the terms of entry indicated in the offer.

For applicants applying to more than one program, each application requires a separate form and fee.

**APPLICATION DEADLINES**

Student type:	Deadline:
International Students	March 1 (Fall) July 1 (Winter) November 1 (Spring)
Canadians or permanent residents of Canada	No application deadline, however candidates are advised to submit their application two months prior to the semester in which they wish to start a program.

At the latest, candidates are advised to submit applications at least two months prior to the semester in which they wish to start a program. **Normally, applicants will not be permitted to register in the same semester in which they are admitted.**

**APPLICATION GUIDE**

This guide is numbered to correspond with each section of the application. Please use this as a **checklist** to make sure you are submitting all the required documents.

**1. WHEN DO YOU WANT TO BEGIN CLASSES?**

Indicate the semester in which you want to begin taking classes (Fall, Winter, or Spring).

**2. PERSONAL INFORMATION**

**FULL LEGAL NAME**

**Name:** Print your full legal name, beginning with your last name.

**Preferred Name:** If you prefer to use a nickname or your middle name, write it here.

**Previous Name(s):** Maiden name, previous married name, or any name that might be on documents the University receives.

**MAILING ADDRESS**

The University will be mailing important information to this address. If you move, please notify the Kenneth Levene Graduate School of Business of your new address and the effective date by email to: [levene.gradschool@uregina.ca](mailto:levene.gradschool@uregina.ca)

**EMAIL**

This address will be used for correspondence during the admission process. If admitted, you will be given a U of R email address.

**3. CITIZENSHIP**

Indicate your citizenship status in Canada and complete the relevant sections.

**4. FIRST LANGUAGE**

Indicate your first Language.

**5. CONSULTATION**

It is recommended that applicants consult with the academic unit to which they are applying before submitting this application. E-mail: [levene.gradschool@uregina.ca](mailto:levene.gradschool@uregina.ca) or phone 1-(306)-585-4735

**6. EMERGENCY CONTACT**

Please name the person to be contacted in case of an emergency.

## 7. FACULTY AND PROGRAM DETAILS

Please indicate the preferred Degree Program and Route (course-based or project-based). Refer to the following table for approved program options.

Faculty	Degree Program	Route
Business Administration	Master of Business Administration (MBA)	Course-based OR Project-based
Business Administration	Master of Human Resource Management (MHRM)	Course-based OR Project-based

## 8. PREVIOUS/CURRENT EDUCATION

An official copy of all previous undergraduate and graduate transcripts is required, even if a degree was not awarded.

- **A transcript is considered official only if it is received in an envelope from the issuing university that is sealed and bears an official university stamp across the seal.**
- Transcripts in languages other than English or French must be accompanied by a certified literal translation.
- If the transcript does not indicate that the degree was awarded, an official copy of the degree certificate is to be included.
- Students who have previously attended the University of Regina must request their transcript from the Registrar's Office be sent to them in a sealed envelope to include in their self administered application package.

The minimal admission requirements are:

- a four-year bachelor's degree, or recognized, comparable qualifications from an accredited university-level institution;
- acceptable academic standing within the four-year bachelor's degree
- sufficient undergraduate background to carry out graduate work in the chosen field

Applicants with a three-year degree, if accepted, will normally be required to successfully complete a qualifying year of senior undergraduate courses in the discipline. International students should consult our website regarding acceptable standards for admissions.

A limited number of mid-career managers who lack an undergraduate degree may be admitted into the program, provided they have exceptional academic skills and at least 7 years of management experience.

## 9. CONFIDENTIAL RECOMMENDATIONS

Two letters of reference (using the Confidential Recommendation Form) are to be from persons who can critically assess the applicant's ability to do research and advanced courses (i.e., professors, employers). References from fellow students are unacceptable.

**Confidential Recommendation forms are to be returned to the applicant in a sealed envelope, signed across the seal by the referee.**

**Note: The transcripts and reference forms forwarded to applicants in sealed envelopes are confidential and must not be opened. Faxed or e-mailed documents are not acceptable.**

## 10. OTHER REQUIRED MATERIALS

**RESUME:** Outline your educational background and relevant employment history.

**PERSONAL STATEMENT:** Outline why you are interested in applying to the MBA or MHRM program.

*Official Test Scores (if applicable) must be forwarded to the University of Regina by the testing centre.*

### **GRADUATE MANAGEMENT ADMISSIONS TEST (GMAT):**

Applicants to the MBA program must submit this test. A minimum score of 500 is required, but does not guarantee acceptance. GMAT Information can be found at: <http://www.mba.com>

**ENGLISH PROFICIENCY:** Applicants whose language of instruction was not solely English are required to submit the results of an approved English Proficiency test. To view the list of exempted institutions, please check our website:

[http://www.uregina.ca/gradstudies/intl/min\\_standards.shtml](http://www.uregina.ca/gradstudies/intl/min_standards.shtml)

The following is a list of approved English Proficiency tests:

English Proficiency Test:	Minimum Score:	Contact:
<i>Test of English as a Foreign Language (TOEFL)</i>	88 internet-based; 580 paper-based; 237 computer-based; 88 internet based)	<a href="http://www.ets.org/toefl">http://www.ets.org/toefl</a>
<i>International English Language Testing System (IELTS)</i>	Band 6.5	<a href="http://www.edunet.com/ielts">http://www.edunet.com/ielts</a>
<i>English as a Second Language (ESL)</i>	Successful completion of ESL 050 from the University of Regina	English as Second Language Office, 114 South Tower, Phone: 1-(306)-585-4585
<i>Canadian Test of English for Scholars and Trainees (CanTest)</i>	4.75, with no individual score below 4.0	<a href="http://www.cantest.uottawa.ca/">http://www.cantest.uottawa.ca/</a>
<i>Canadian Academic English Language Assessment (CAEL)</i>	70	<a href="http://www.carleton.ca/slals/cael.html">http://www.carleton.ca/slals/cael.html</a>
<i>Michigan English Language Assessment Battery (MELAB)</i>	85	<a href="http://www.isa.umich.edu/eli/">http://www.isa.umich.edu/eli/</a>

## 11. **APPLICATION FEE PAYMENT**

Application fees are:

- \$85 (Canadian Students)
- \$100 (International Students)

This non-refundable application fee must be submitted with your application. Payment may be made by cheque or money order, payable to the University of Regina.

Applicants who have a previous University of Regina Identification Number may pay the application fee at the Financial Services Office or Online at Web Services for Students.

## 12. **CONFLICT OF INTEREST FORM**

Full time University of Regina Employees must submit a conflict of interest form.

## 13. **DESIGNATE:**

Name, e-mail address, phone number and relationship of the person you are giving permission for us to talk to on your behalf.

## 14. **DECLARATION**

Please ensure that your application is complete and accurate before signing the form.

### **FINANCIAL ASSISTANCE**

There is very limited financial assistance available on a competitive basis for fully qualified students who will be registered full-time in the MBA or MHRM program:

- Scholarships, Teaching Assistantships, and Teaching Fellowships.

Scholarship information and relevant to MBA and MHRM students is available on the website,

*[http://www.uregina.ca/admin/academic/graduate\\_school/scholarship.htm](http://www.uregina.ca/admin/academic/graduate_school/scholarship.htm)*

**Please note that admission to a graduate program does not ensure that financial support will be available.**

### **SPECIAL NEEDS**

Should special assistance be required, please advise or contact the Special Needs Office:  
Phone: 1-(306)-585-4631, Fax: 1-(306)-585-5172, or email: [Dianne.Mader@uregina.ca](mailto:Dianne.Mader@uregina.ca)



READ INSTRUCTIONS AND ANSWER QUESTIONS IN FULL.

TYPE OR PRINT CLEARLY AND FIRMLY IN PEN USING UPPER AND LOWER CASE LETTERS.

U OF R STUDENT I.D. NUMBER									

**1. WHEN DO YOU WANT TO BEGIN CLASSES?**

A.  FALL (Sept.-Dec.)       WINTER (Jan.-Apr.)       SPRING/SUMMER (May-Aug.)      YEAR 

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B.  FULL TIME STUDIES       PART TIME STUDIES

**2. PERSONAL INFORMATION**

LEGAL LAST/FAMILY NAME(S)	LEGAL FIRST/GIVEN NAME(S)	LEGAL MIDDLE NAME(S)
PREFERRED NAME (IF DIFFERENT THAN FIRST)	PREVIOUS/MAIDEN NAME (IF APPLICABLE)	
MAILING ADDRESS – APT #, STREET OR BOX # (THIS WILL BE USED FOR ALL CORRESPONDENCE PRIOR TO THE FIRST REGISTRATION)		
CITY/TOWN	PROVINCE	
COUNTRY	POSTAL CODE	

Mr.    Ms.    Miss    Mrs.    Other\_\_\_\_\_

PHONE: HOME (INCLUDING AREA CODE)

PHONE: CELL (INCLUDING AREA CODE)

PHONE: BUSINESS (INCLUDING AREA CODE)      EXT.

FAX (INCLUDING AREA CODE)       HOME       WORK

E-MAIL

Male <input type="checkbox"/>	BIRTHDATE DD – MON – YEAR	ABORIGINAL ANCESTRY	
Female <input type="checkbox"/>		Status Indian <input type="checkbox"/>	Metis <input type="checkbox"/>
		Non-Status Indian <input type="checkbox"/>	Inuit <input type="checkbox"/>

SOCIAL INSURANCE NUMBER									

**3. CITIZENSHIP (CONFIRMATION OF PERMANENT RESIDENCY IS REQUIRED WITH THIS APPLICATION.)**

Canadian Citizen <input type="checkbox"/>	Permanent Resident of Canada <input type="checkbox"/>	Study Permit (Student Visa) <input type="checkbox"/>	Other _____
Country of Birth	Country of Citizenship	If not born in Canada, Date of Entry DD - MON - YEAR	

**4. FIRST LANGUAGE**

English <input type="checkbox"/>	French <input type="checkbox"/>
Other _____	

**5. CONSULTATION**

Have you consulted with the corresponding academic unit? Yes  No

If yes: Who have you contacted: \_\_\_\_\_

Did the consultation involve an offer of financial support? Yes  No

**6. EMERGENCY CONTACT**

LAST NAME, FIRST NAME	RELATIONSHIP	TELEPHONE NUMBER (INCLUDING AREA CODE)
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**7. FACULTY AND PROGRAM DETAILS (Please indicate only one degree, major and route)**

DEGREE PROGRAM FOR WHICH YOU ARE APPLYING	MAJOR / SPECIALIZATION(S)	ROUTE
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8. **CONFIDENTIAL RECOMMENDATION:** Recommendation forms are to be returned to the applicant in a sealed envelope, signed across the seal by the referee.

LAST NAME (PLEASE PRINT)	FIRST NAME (PLEASE PRINT)	E-MAIL ADDRESS
LAST NAME (PLEASE PRINT)	FIRST NAME (PLEASE PRINT)	E-MAIL ADDRESS

9. **POST SECONDARY EDUCATION**

LIST ALL POST-SECONDARY INSTITUTIONS ATTENDED WHERE A **DEGREE WAS AWARDED OR WHERE YOU ARE CURRENTLY WORKING ON A DEGREE**. ONE SET OF OFFICIAL TRANSCRIPTS (A transcript is considered official only if it is received from the issuing university, in a sealed envelope which bears the official university stamp across the seal) IS REQUIRED FOR EACH INSTITUTION ATTENDED.

POST-SECONDARY INSTITUTION	CITY / PROV. / COUNTRY	NAME OF DEGREE	DATE OF AWARD	LANGUAGE OF INSTRUCTION
			DD / MMM / YYYY	
			DD / MMM / YYYY	
			DD / MMM / YYYY	

LIST ALL OTHER POST-SECONDARY INSTITUTIONS ATTENDED WHERE A **DEGREE WAS NOT AWARDED BUT COURSES WERE TAKEN**. ONE SET OF OFFICIAL TRANSCRIPTS IS REQUIRED FOR EACH INSTITUTION ATTENDED.

POST-SECONDARY INSTITUTION	CITY / PROV. / COUNTRY	FROM DATE	TO DATE	LANGUAGE OF INSTRUCTION
		DD / MMM / YYYY	DD / MMM / YYYY	
		DD / MMM / YYYY	DD / MMM / YYYY	

10. **OTHER DOCUMENTS AS REQUIRED**

English Proficiency	Included <input type="checkbox"/>	To Follow <input type="checkbox"/>	GRE	Included <input type="checkbox"/>	To Follow <input type="checkbox"/>	GMAT	Included <input type="checkbox"/>	To Follow <input type="checkbox"/>	Resume	Included <input type="checkbox"/>	To Follow <input type="checkbox"/>	Personal Statement	Included <input type="checkbox"/>	To Follow <input type="checkbox"/>
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Support Material (if applicable) please specify: \_\_\_\_\_

11. **APPLICATION FEE PAYMENT**

Cheque <input type="checkbox"/>	Money Order <input type="checkbox"/>	Financial Services (previous UofR students Only) <input type="checkbox"/>	Online (previous UofR students Only) <input type="checkbox"/>
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12. **CONFLICT OF INTEREST:** Full time employees of the University of Regina must sign a conflict of interest form (available on FGSR website). Please specify the nature of your employment: \_\_\_\_\_

**NOTE:** It is the responsibility of the student to notify this office should he/she become a full-time employee of the University while enrolled in a graduate program.

13. If you wish a **designate** to have authority to request information on the status of your application please provide:

Name of Designate: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Designates Phone Number: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

14. **DECLARATION** – I hereby declare that the information I have submitted in this application is true and correct to the best of my knowledge. I understand that completion of this signed application permits the University of Regina to request and/or confirm any information necessary to support my application for admission; that submission of any false statements or documents will result in the immediate and permanent cancellation of admission or registration to the University of Regina; that information on falsifications will be shared with the Association of Registrars of Universities and Colleges of Canada; and that failure to disclose attendance at another post-secondary institution may lead to cancellation of this application.

The University of Regina collects and creates information about students (“personal information”) under the authority of the *University of Regina Act*, and in accordance with the *Local Authority Freedom of Information and Protection of Privacy Act* and the *Personal Information Protection and Electronic Documents Act*, for purposes of admission, registration, and other decisions on students academic status, and the administration of the University and its programs and services. Some of this information may be disclosed to the relevant students’ society and alumni association, and will be reported as required by federal or provincial authority. Any misrepresentation may be shared with other post-secondary institutions. By enrolling in courses at the University of Regina, students consent to the collection, use, and disclosure of personal information as described above.

Applicant's Signature

Date

## Personal Statement

Please explain why you would like to apply to the MBA, MHRM, M.Admin (Leadership), or Master's Certificate program:

Send this with your completed application form to:

**Kenneth Levene Graduate School of Business**  
University of Regina  
3737 Wascana Parkway  
Regina, Saskatchewan  
Canada S4S 0A2

**UNIVERSITY OF REGINA  
FACULTY OF GRADUATE STUDIES AND RESEARCH  
CONFIDENTIAL RECOMMENDATION**

The two letters of reference are to be from persons (academics, employers) who can critically assess your ability to do research and advanced courses.

THIS PORTION TO BE COMPLETED BY APPLICANT		
Last or Family Name	First	Middle
Faculty/Department of Proposed Study		BIRTHDATE: ___dd ___mm ___yyyy

**THIS PORTION TO BE COMPLETED BY REFEREE**

Note: Over a period of several years, in a group of candidates, the candidate would rank	Outstanding Top 10%	Above Average Next 20%	Average Next 20%	Below Average Lower 50%	Inadequate opportunity to observe
A. Background Preparation					
B. Originality					
C. Research Ability and Potential					
D. Industriousness and Independence					
E. Overall Assessment					
F. Overall Ability in the Discipline					
G. Verbal and Written Communication in English					
H. (Professional Faculties Only) Professional Experience					

I have known the candidate for the period \_\_\_\_\_ in my capacity as \_\_\_\_\_  
(Dates)

1. Highly Recommended \_\_\_\_\_      2. Recommended \_\_\_\_\_      3. Not Recommended \_\_\_\_\_

Please comment on any of the candidate's strengths or weaknesses that could affect her/his progress in advanced study and research. (If required please attach additional information on letterhead)

**Please complete and return to the applicant in a sealed envelope with your signature across the seal.**

Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_

Position \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_



**UNIVERSITY OF REGINA  
FACULTY OF GRADUATE STUDIES AND RESEARCH  
CONFIDENTIAL RECOMMENDATION**

The two letters of reference are to be from persons (academics, employers) who can critically assess your ability to do research and advanced courses.

THIS PORTION TO BE COMPLETED BY APPLICANT		
Last or Family Name	First	Middle
Faculty/Department of Proposed Study		BIRTHDATE: ___dd ___mm ___yyyy

**THIS PORTION TO BE COMPLETED BY REFEREE**

Note: Over a period of several years, in a group of candidates, the candidate would rank	Outstanding Top 10%	Above Average Next 20%	Average Next 20%	Below Average Lower 50%	Inadequate opportunity to observe
A. Background Preparation					
B. Originality					
C. Research Ability and Potential					
D. Industriousness and Independence					
E. Overall Assessment					
F. Overall Ability in the Discipline					
G. Verbal and Written Communication in English					
H. (Professional Faculties Only) Professional Experience					

I have known the candidate for the period \_\_\_\_\_ in my capacity as \_\_\_\_\_  
(Dates)

1. Highly Recommended \_\_\_\_\_      2. Recommended \_\_\_\_\_      3. Not Recommended \_\_\_\_\_

Please comment on any of the candidate's strengths or weaknesses that could affect her/his progress in advanced study and research. (If required please attach additional information on letterhead)

**Please complete and return to the applicant in a sealed envelope with your signature across the seal.**

Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_

Position \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_



University of Regina  
Financial Services  
Room 205 Administration-Humanities Building  
Regina, SK.  
S4S 0A2  
Phone: (306) 585-4123  
Fax: (306) 585-5140

## Fee Payment Form Using Visa or Mastercard

Please allow three business days for processing.

Student Name (Please Print) \_\_\_\_\_

Name on Credit Card (if different) \_\_\_\_\_

Phone number  
(including country code and area code) \_\_\_\_\_

Student number (if known) \_\_\_\_\_

Amount to be paid \$ \_\_\_\_\_

Please charge my:  Visa or  Mastercard

Credit card number:

Expiry date:      
MM YY

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

