## 2016 Application & Registration Form

For Office Use Only
Registrar's Office



500 Shaftesbury Blvd. | Winnipeg, MB R3P 2N2 Canada Fax: 204.837.7415 Email: csop@cmu.ca csop.cmu.ca

PERSONAL INFORMATION Name (first/middle/surname)	• • •	Preferred name		
Previous or other names (i	f applicable)			
Current address				
City/Town	Province/State	Postal/Zip Code	Country	
Home phone		Business phone		
Cell phone	Emai	il		
Permanent address (if diffe	erent from above)			
Name of emergency conta	ıct	Relationship		
Telephone	Emai	il		
Your date of birth (month/	day/year)	Place of birth		
Gender: Male Fe	male Citizenship	Marital Status _		
If not Canadian, your status	in Canada: Permanent ı	resident Study permit	Applying for visa No visa required	
Highest level attained in p	revious education			
Please tell us of any disabil	ity pertinent to your learning	g or access		
OPTIONAL INFORMATIO	N			
Religious affiliation				
Organizational affiliation:	Name of organization			
Mailing address		Email		
How did you hear about th	ne Canadian School of Peace	building?		
			rn university credit (regular tuition). es marked on the reverse side of this form	
I wish to register for to	raining			
I wish to earn universi	ity credit (three credit hours	per course)		
Undergraduate	credit (see note # 1 below)			
	credit as a visiting undergrac h your home institution to send a			
Graduate credit	(see note # 2 below)			
	as a visiting graduate studer h your home institution to send a	nt from a letter of permission. (see note # 3	below)	
	ve and attained the age of twenty-one at the tin		as a Continuing Education student. To be eligible for admission with t ation status may sample up to twelve credit hours of courses, after wh	
			that you have completed a baccalaureate degree with a grade point a ms, please go to cmu.ca/gradstudies for details and requirements.	
If you have already been attending CMU g	raduate courses as a visiting student from AMBS	S or FPBS, you do not need a letter of permission.		

Payment

Session I: June 13 - 17, 2016		
Reconciling our Future: Storie		
The Biblical Story of Hope and		
Peace Skills Practice	Please indicate the	
Session II: June 20 - 24, 2016	;	courses for which you are applying
Arts and Peacebuilding		(maximum 1 course
Psychosocial Trauma Healing	per session). Use a "T" if you plan to take	
Peacebuilding Through Comn	a course for training, and a "C" if you if you	
Peacemaking Circles – Philoso	plan to take a course for credit.	
If English is not your first language and your education was not primarily in English, please submit a writing sample (about 350 words) by answering the following questions:	<ul> <li>What is your background and experience in prep</li> <li>What do you hope to learn from the courses offe</li> <li>What are your goals for when return to your hom</li> <li>How will you apply the skills you have learned an</li> </ul>	ered? ne?
I do not need on-campus lodging or r To help us plan for the Thursday lunch bar have food allergies or have other dietary o	nquet and for coffee breaks, if you prefer vegetariar	n meals,
Please use the following table to calcula	te your costs. Payment must accompany this forn	n.
<b>Registration Fees</b> Session I: Training Fee \$542 or Academic Cr Session II: Training Fee \$542 or Academic C	redit \$748 = redit \$748 = REGISTR	ATION TOTAL
Lodging and Meals Costs (See total at the bottom of the Lodgi		
<b>Late Fee \$50</b> (For registrations received after April 1, 201	6)	
		TOTAL DUE
Acceptance into the program will be co	onfirmed by mail or email.	
•	n this application is accurate to the best of my kn	•
	Date	
	er payable to Canadian Mennonite University Card Numbe	
	Authorization	