

# 2020 Application & Registration Form



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

**Please use this form only if you are unable to apply online at [csop.cmu.ca/registration](http://csop.cmu.ca/registration).**

## PERSONAL INFORMATION

Name (first/middle/surname) \_\_\_\_\_ Preferred name \_\_\_\_\_

Previous or other names (if applicable) \_\_\_\_\_

Current address \_\_\_\_\_

City/Town \_\_\_\_\_ Province/State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Permanent address (if different from above) \_\_\_\_\_

Name of emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Your date of birth (month/day/year) \_\_\_\_\_ Place of birth \_\_\_\_\_

Gender \_\_\_\_\_ Citizenship \_\_\_\_\_ Marital Status \_\_\_\_\_

If not Canadian, your status in Canada:  Permanent resident  Study permit  Applying for visa  No visa required

INTERNATIONAL APPLICANTS: Enrolment in CSOP does not make you eligible for Canadian residency. CSOP has no influence over decisions regarding visas and cannot guarantee you will receive a visa to participate in CSOP.

Highest level attained in previous education \_\_\_\_\_

Please tell us of any disability pertinent to your learning or access \_\_\_\_\_

## OPTIONAL INFORMATION

Religious affiliation \_\_\_\_\_

**Organizational affiliation:** Name of organization \_\_\_\_\_

Mailing address \_\_\_\_\_ Email \_\_\_\_\_

How did you hear about the Canadian School of Peacebuilding? \_\_\_\_\_

**REGISTRATION MODE:** You may register either for training (lower tuition) or to earn university credit (regular tuition).

If you are a graduate student, you may register at the graduate level for those courses marked on the reverse side of this form with an asterisk (\*).

I wish to register for training

I wish to earn university credit (three credit hours per course)

Undergraduate credit (see note # 1 below)

Undergraduate credit as a visiting undergraduate student from \_\_\_\_\_  
*Please arrange with your home institution to send a letter of permission.*

Graduate credit (see note # 2 below)

Graduate credit as a visiting graduate student from \_\_\_\_\_  
*Please arrange with your home institution to send a letter of permission. (see note # 3 below)*

1. If you have not been admitted to CMU previously as a regular undergraduate student, you may be admitted on the basis of this application as a Continuing Education student. To be eligible for admission with this status, you must have completed grade twelve and attained the age of twenty-one at the time of application. Students with Continuing Education status may sample up to twelve credit hours of courses, after which it will be necessary to apply to become a regular student.

2. If you have not been admitted to CMU as a regular graduate student, you must submit together with this form an official transcript showing that you have completed a baccalaureate degree with a grade point average of 3.0 or higher. You will then be eligible for admission as an Unclassified Graduate student. For admission into one of CMU's graduate programs, please go to [www.cmu.ca/gradstudies](http://www.cmu.ca/gradstudies) for details and requirements.

3. If you have already been attending CMU graduate courses as a visiting student from AMBS or FPBS, you do not need a letter of permission.

Session II: June 8 - 12, 2020		
	T C	Indigenous Politics, Land, and Globalization*
	T C	Leading in an Age of Polarization*
	T C	Active Bystander Training
Session II: June 15 - 19, 2020		
	T C	Does Religion Cause Violence?*
	T C	Dreaming of Kanata and Canada: Indigenous Graphic Novels and Reconciliation*
	T C	Trauma, Healing, and Reconciliation*

Please indicate your first (1) and second (2) choice of course in each week for which you are applying."

Circle 'T' if you plan to take a course for training, and 'C' if you plan to take a course for credit.

Is English your first language?  Yes  No      Was your education primarily in English?  Yes  No

**If you answered "No" to both of the questions above, please submit a writing sample (about 350 words) by answering the following questions:**

- ▷ Where did you learn English?
- ▷ What do you hope to learn from the courses offered?
- ▷ What are your goals for when return to your home?
- ▷ How will you apply the skills you have learned after the course?

I would like on-campus lodging and/or meals and have attached my completed "2020 Lodging and Meals Form."

I do not need on-campus lodging or meals.

To help us plan for coffee breaks, if you prefer vegetarian meals, have food allergies or have other dietary concerns, please specify below:

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Please use the following table to calculate your costs. Payment of a non-refundable \$100 advance deposit must accompany this form. Remaining fees are due after the application has been processed. Applications will not be processed without payment of the advance deposit.

<b>Registration Fees</b> Session I: Training Fee \$592 or Academic Credit \$806 = _____ Session II: Training Fee \$592 or Academic Credit \$806 = _____	<b>REGISTRATION TOTAL</b>
<b>Lodging and Meals</b> Costs (See total at the bottom of the <b>Lodging and Meals Form</b> )	
<b>Late Fee \$50 (non-refundable) - must be submitted with the advance deposit</b> (For registrations received after April 1, 2020)	
	<b>TOTAL DUE</b>

▷ The applicant grants permission for any photography, videos, or other pictures of the applicant to be used in CSOP promotional or educational material without any additional consent. **Note:** If you do not wish to grant permission, please contact csop@cmu.ca.

▷ I certify that the information provided on this application is accurate to the best of my knowledge.

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

*Acceptance into the program will be confirmed by mail or email.*

**PAYMENT** (for Canadian and US residents; international applicants will receive further payment information once this application has been received)

I would like to donate to the CSOP participant bursary fund. (donations over \$25 will receive a tax receipt) Amount: \_\_\_\_\_

I have enclosed a cheque or money order payable to Canadian Mennonite University       Please charge my credit card

Master Card     Visa    Name on Card: \_\_\_\_\_    Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_    Signature: \_\_\_\_\_    Authorization Number: \_\_\_\_\_