

OFFICE OF THE UNIVERSITY REGISTRAR

Mailing Address: P.O. Box 1796 • Edmonton, Alberta, Canada T5J 2P2
Phone: 780-497-5000 • Toll Free: 1-888-497-4622
Website: MacEwan.ca • Email: admissions@macewan.ca

REQUEST TO REACTIVATE APPLICATION

Applicant Na	ame:	MacEwan ID #:		
Program:			Intake Term:	
□lin	itend to accept an offer of a	dmission, if available, and pay m	y Admission Confirmation Deposit.	
PI	ease reactivate my applicat	ion.		
Signature: _				
Si	ignature not required if sent from a sto	udent @mymacewan.ca email account	Date	
request is apaccept the myStudents Following suapplication	oproved and you are offered offer in myStudentSystem System to view the speciful ubmission of this request you	d admission or conditional admis n and pay your Admission Con ied deadline. ou will not receive any email non n status, log in to myStudentSys	ogram you have applied to is full. If this ssion, you will have a limited time to infirmation Deposit. Log into otifications as to the status of your stem, navigate to Main Menu > Self	
submit the fo	orm in person, or by mail.		issions@macewan.ca. You can also	
of Information financial assist	and Protection of Privacy Act for fance, to advise students about a s collection should be directed to	the purpose of one or all of the following		
		For Office Use Only		
_		O > Change deposit due date to 5 days Other:		
Admis	sion Specialist Signature	Date		