

# University of Victoria Graduate Students' Society

## Opt-In Form for U-Pass Package



Student V#

Date of Application

Last Name

First Name

Email Address

Term Covered [select one]: ☐ Fall (Sept-Dec) ☐ Winter (Jan-Apr) ☐ Summer (May-Aug)

**Opt-ins must be resubmitted each semester and individuals can only opt-in to one semester at a time.**

### Eligibility:

- ☐ On Co-op (letter)
- ☐ Part-time distance (course registration, email or letter from department)
- ☐ Full-time distance (course registration, email or letter from department)
- ☐ Visiting Student including Western Deans (original letter of invitation)
- ☐ Other (authorization letter on UVic letterhead): \_\_\_\_\_

Amount paid: \$ \_\_\_\_\_ ☐ Cash ☐ Cheque ☐ Debit ☐ E-Transfer

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

Received By (Staff Signature): \_\_\_\_\_

☐ Entered ATRS

☐ If E-Transfer, entered Excel

☐ Audit Reconciled

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### UVic Graduate Students' Society U-Pass Package Opt-In Receipt

*(Please save for your records.)*

Student V# \_\_\_\_\_ Name: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_

Term Covered: ☐ Fall (Sept-Dec) ☐ Winter (Jan-Apr) ☐ Summer (May-Aug)

Staff Authorization: \_\_\_\_\_

*Please allow two hours after payment is confirmed as received (in person or email) to validate One Card on campus.*

### Protection of Privacy & Student Information

All applicants are advised that any information collected by University of Victoria Graduate Students' Society will be protected and used in compliance with the BC Personal Information and Privacy Act (2004). By filling in this form, I consent to the disclosure of my personal information to GSS staff and those administering the U-Pass program.