

**STUDENT IDENTIFICATION**

Have you ever attended Capilano University or Capilano College? <input type="checkbox"/> YES <input type="checkbox"/> No	Capilano University Student Number
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**PERSONAL DATA**
**Full Legal Name Required: as it appears on birth certificate or passport**

Legal Family Name	Legal Given Name	Legal Middle Name (if any)	Former Legal Surname (if any)
<b>Mailing Address</b> Street Line 1		Street Line 2	
City	Province/State	Country	Postal Code
<b>International Address (if different from above)</b> Street Line 1		Street Line 2	
City	Province/State	Country	Postal Code
Local Phone Number (with area code)	Cell Phone Number (with area code)	International Phone Number	
Email Address (must be provided)			
Emergency Contact First /Last Name		Phone Number (with area code)	
Date of Birth (DD/MM/YYYY)	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Country of Citizenship	First Language
Status in Canada <input type="checkbox"/> International Student <input type="checkbox"/> Exchange Student <input type="checkbox"/> Visitor <input type="checkbox"/> Working Holiday <input type="checkbox"/> Other:			
Study Permit Expiry Date (if any) :			
Personal Education Number (if any) *BC High School Only		Social Insurance Number (if any)	

**PREVIOUS INFORMATION**

<b>Residency</b> Place you lived in the previous year	<b>Previous Activity</b> Main activity during past year
<input type="checkbox"/> In BC <input type="checkbox"/> In Another Province <input type="checkbox"/> In Another Country	<input type="checkbox"/> Secondary school student <input type="checkbox"/> College student <input type="checkbox"/> University student <input type="checkbox"/> Unemployed seeking work <input type="checkbox"/> Employed <input type="checkbox"/> None of the above

**PREVIOUS EDUCATION: SECONDARY SCHOOL**
**Official transcripts are required from all schools attended / Secondary School Credential Received**

Name of School 1	City/Province/ Country	Entered (MM/YYYY)	Left (MM/YYYY)
Name of School 2	City/Province/ Country	Entered (MM/YYYY)	Left (MM/YYYY)

**PREVIOUS EDUCATION: POST SECONDARY SCHOOL**

Name of School 1	City/Province/ Country	Degree/Diploma/Certificate obtained	Entered (MM/YYYY)	Left (MM/YYYY)
Name of School 2	City/Province/ Country	Degree/Diploma/Certificate obtained	Entered (MM/YYYY)	Left (MM/YYYY)
Name of School 3	City/Province/ Country	Degree/Diploma/Certificate obtained	Entered (MM/YYYY)	Left (MM/YYYY)

**\*For transfer credits, you must apply by filling out the Request for Transfer Credit form available at <http://www.capilano.ca/current/transfer/>**
**PROGRAM APPLIED FOR**

<b>First Choice:</b> Program Name	Year	Term <input type="checkbox"/> Spring (Jan-Apr) <input type="checkbox"/> Summer (May-Aug) <input type="checkbox"/> Fall (Sept-Dec)
<b>Second Choice:</b> Program Name	Year	Term <input type="checkbox"/> Spring (Jan-Apr) <input type="checkbox"/> Summer (May-Aug) <input type="checkbox"/> Fall (Sept-Dec)

**ABORIGINAL**

Would you Describe Yourself as Aboriginal? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please choose one or more: <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit
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**DISABILITY**

Disability Services Requested? Contact 604.987.7526 or email <a href="mailto:disab-serv@capilano.ca">disab-serv@capilano.ca</a>
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CREDIT CARD AUTHORIZATION			
Card Holder's Name		Card Type <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex	
Card Number	Card Security Code	Expiry Date	
Payment For: <input type="checkbox"/> Application Fee (\$135.00 CAD) <input type="checkbox"/> Deposit (\$5,000.00 CAD) <input type="checkbox"/> Tuition <input type="checkbox"/> Readmission (\$42.00 CAD) <input type="checkbox"/> Deposit for Sponsored Students (\$500.00 CAD) <input type="checkbox"/> Other: _____		Total Amount : \$ _____ CAD  Signature: _____	

RELEASE OF INFORMATION			
All official permanent student records are confidential. Information will not be given to any agency or person, other than the student, unless the student has provided written permission. Students who have an agent or are sponsored by scholarship can authorize permissions as follows:			
Do you have an educational representative or agent? <input type="checkbox"/> Yes <input type="checkbox"/> No			CIE's Office Use Only
Agent Name		Agency Name	
Phone Number (with area code)		Email Address	
Street Address		City	<input type="checkbox"/> I hereby authorize Capilano University to release admissions, registration and tuition information to my agent.  Signature: _____
Province/State	Country	Postal Code	
Will you be funded by a scholarship granting organization? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Contact's Name		Organization Name	
Phone Number (with area code)		Email Address	
Street Address		City	<input type="checkbox"/> I hereby authorize Capilano University to release admissions, registration, tuition and academic record information to my scholarship organization.  Signature: _____
Province/State	Country	Postal Code	

DECLARATION				Cashier's Office Use Only
<p>I hereby declare that all information I have submitted in this application for admission is true and complete and that no information has been withheld to the best of my knowledge. I understand that any omission or misrepresentation of information may result in the cancellation of my admission or registration status at any of the institutions to which I am applying. I understand that falsifying documents or information on the application may result in immediate permanent dismissal from Capilano University and I accept that information on falsified documents, including the application for admission, is shared with other post-secondary institutions. I authorize the release of all B.C. secondary interim and final grades by the B.C. Ministry of Education to Capilano University and I agree that my name may be released to my school or school district for consideration for Capilano University Entrance Scholarships, if applicable. Completion and submission of this signed application permits Capilano University to request and/or confirm any information necessary to support my application for admission. Information collected on this application as well as subsequent information placed in my student record, as per section 35 of the Freedom of Information and Protection of Privacy Act of British Columbia, will be used on a confidential basis, for purposes of admission, registration, research, alumni development, student association, and other purposes consistent with the mandate of the institution. Capilano University reserves the right for the Registrar to share information with the Ministry of Advanced Education, Training and Technology, or other related government agencies. Any questions concerning the collection and use of this information should be directed to the Privacy Assistant: <a href="mailto:privacy@capilano.ca">privacy@capilano.ca</a>. If I am admitted to Capilano University I agree to familiarize myself with and comply with the most current rules, regulations, and policies of Capilano University during my tenure as a student at the University.</p>				
Signature of Applicant		Date (YYYY/MM/DD)		
CIE Office Use Only	Agent Code	ESL Partner Code	EP Start Date	EP Current Level
	Scholarship	* For ESL Partners, please attach the third party release form.		