

**APPLICATION FOR ADMISSION/READMISSION**
**IMPORTANT - PLEASE READ THE INSTRUCTIONS ON PAGE 2 OF THIS DOCUMENT CAREFULLY**

Have you ever attended Capilano University or Capilano College? Yes <input type="checkbox"/> No <input type="checkbox"/>		CAPILANO UNIVERSITY/CAPILANO COLLEGE STUDENT NUMBER	
<b>PERSONAL DATA (PRINT CLEARLY) - Full Legal Name Required (as it appears on birth certificate or passport)</b>			
LEGAL SURNAME - LAST OR FAMILY NAME		LEGAL FIRST NAME	LEGAL MIDDLE NAME
PERMANENT ADDRESS - NUMBERS/STREET		FORMER LEGAL SURNAME (IF ANY)	
CITY	PROVINCE	COUNTRY	POSTAL CODE
PERMANENT HOME PHONE NUMBER (with area code)			
LOCAL ADDRESS (IF DIFFERENT FROM ABOVE) - NUMBERS/STREET		LOCAL PHONE NUMBER (with area code)	
CITY	PROVINCE	COUNTRY	POSTAL CODE
CELL PHONE NUMBER (with area code)			
E-MAIL ADDRESS (must be provided)		MAIL CORRESPONDENCE TO: <input type="checkbox"/> PERMANENT ADDRESS <input type="checkbox"/> LOCAL ADDRESS	
GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	TITLE: <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> MISS	EMERGENCY CONTACT: NAME AND PHONE NO. (with area code)	
SOCIAL INSURANCE NO.	DATE OF BIRTH - YYYY/MM/DD	<b>DISABILITY SERVICES REQUESTED? CONTACT 604.983.7526</b>	
<b>COUNTRY OF CITIZENSHIP:</b>	<b>PRIMARY LANGUAGE</b>	<b>WHERE DID YOU RESIDE IN THE PREVIOUS YEAR?</b> Please check (✓) one only	
<b>NON-CANADIAN CITIZENS</b>	Please check (✓) one	<input type="checkbox"/> In B.C. <input type="checkbox"/> In another province <input type="checkbox"/> In another country	
Please check (✓) your current status	<input type="checkbox"/> English	<b>WHAT WAS YOUR MAIN ACTIVITY DURING THE PAST YEAR?</b> Please check (✓) one only	
<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> French	<input type="checkbox"/> Student in secondary school <input type="checkbox"/> Student in college <input type="checkbox"/> Student in university	
(Must submit certified copy of Permanent Resident Card)	<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Unemployed seeking work <input type="checkbox"/> Employed <input type="checkbox"/> None of the above	
DATE LANDED _____	<b>WOULD YOU DESCRIBE YOURSELF AS ABORIGINAL?</b> Check (✓) one only		
<input type="checkbox"/> International	<input type="checkbox"/> Yes <input type="checkbox"/> No		
(Study Permit, Student from other country)	<b>IF YOU CHECKED YES ABOVE, PLEASE CHOOSE ONE OR MORE OF THE FOLLOWING:</b>		
<input type="checkbox"/> Other _____	<input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit		
<b>PREVIOUS EDUCATION (Official transcripts are required from all institutions attended. Applications will not be processed if previous education information is incomplete.)</b>			
<b>SECONDARY SCHOOLS ATTENDED (Most Recent First)</b>	B.C. PERSONAL EDUCATION NUMBER (PEN)	HIGHEST GRADE COMPLETED	
		<input type="checkbox"/> 8 (or less) <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	
NAME OF SCHOOL	CITY/PROVINCE/COUNTRY	ENTERED (YYYY/MM)	LEFT (YYYY/MM)
NAME OF SCHOOL	CITY/PROVINCE/COUNTRY	ENTERED (YYYY/MM)	LEFT (YYYY/MM)
<b>POST SECONDARY INSTITUTIONS ATTENDED (Most Recent First)</b>			
NAME OF INSTITUTION	LOCATION	DEGREE/DIPLOMA/CERTIFICATE OBTAINED	ENTERED (YYYY/MM)
NAME OF INSTITUTION	LOCATION	DEGREE/DIPLOMA/CERTIFICATE OBTAINED	LEFT (YYYY/MM)
NAME OF INSTITUTION	LOCATION	DEGREE/DIPLOMA/CERTIFICATE OBTAINED	LEFT (YYYY/MM)
<b>PROGRAM APPLIED FOR</b>		<b>CASHIER'S OFFICE USE ONLY</b>	
Use specific program name as listed in the Capilano University calendar or on the University website.			
<b>First Choice</b> _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
<b>Term:</b> <input type="checkbox"/> Fall Term 20____ (Sept-Dec) <input type="checkbox"/> Spring Term 20____ (Jan-Apr) <input type="checkbox"/> Summer Term 20____ (May-Aug)			
<b>Campus:</b> <input type="checkbox"/> North Vancouver Campus <input type="checkbox"/> Sunshine Coast Campus <input type="checkbox"/> Squamish Campus			
<b>Second Choice</b> _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
<b>Term:</b> <input type="checkbox"/> Fall Term 20____ (Sept-Dec) <input type="checkbox"/> Spring Term 20____ (Jan-Apr) <input type="checkbox"/> Summer Term 20____ (May-Aug)			
<b>Campus:</b> <input type="checkbox"/> North Vancouver Campus <input type="checkbox"/> Sunshine Coast Campus <input type="checkbox"/> Squamish Campus			
<b>DECLARATION</b>			
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: privacy@capilanou.ca. 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.			
<b>SIGNATURE OF APPLICANT:</b>		<b>DATE (YYYY/MM/DD):</b>	

# APPLICATION FOR ADMISSION/READMISSION

## INSTRUCTIONS - PLEASE READ CAREFULLY

**Mail to: Registrar's Office, 2055 Purcell Way, North Vancouver, BC, V7J 3H5**  
**Tel: 604.984.4900 Fax: 604.984.1798 Web site: www.capilano.ca**

Only completed applications with required documentation will be processed. The first official contact will always be by mail. It is, therefore, important to maintain up-to-date information at the University. The University does not accept responsibility for problems caused by incorrect address information. This is an application for admission to Capilano University, and DOES NOT constitute registration in any particular program or course.

**Admission to Capilano University does not guarantee registration into a particular program or course.** The University reserves the right to limit enrolment in any program or course.

### HOW TO APPLY

#### A) READ THE ONLINE CAPILANO UNIVERSITY CALENDAR/WEBSITE

It is important that applicants understand the nature of the program for which they are applying. All applicants must meet the admission requirements listed in the online calendar. New students are expected to read the online University calendar or University website for program information, application procedures and timelines. Students may then contact the Registrar's Office at 604.984.4900 to sign up for an admission or course planning workshop. Most career and vocational programs also hold information meetings throughout the year for potential students. For times and locations of these meetings, contact the Registrar's Office or telephone the department directly using the phone numbers listed in the online University calendar or on our website.

#### B) COMPLETE THE APPLICATION FOR ADMISSION FORM CAREFULLY

Return the form to the Registrar's Office at Capilano University with all necessary documents. The information entered on this form becomes part of your permanent record. Answer all questions fully and accurately; failure to do so may result in your application being returned to you or not being processed. Date of receipt is the business day when the **fully completed** form reaches the Registrar's Office. Please be advised that you can apply for transfer credit by completing a "Request for Transfer Credit/Substitution/Exemption/Prior Learning Assessment" form, available from the Registrar's Office or online at [www.capilano.ca/current/request-transfer.html](http://www.capilano.ca/current/request-transfer.html).

#### C) INCLUDE SUPPORTING DOCUMENTATION

Confirmation of admission status is not given until all required documents are submitted. Required documents include, where applicable, official transcripts from secondary schools and any institutions of higher education attended, a certified copy of the Permanent Resident card, official TOEFL, ELA, IELTS, CAEL or PTE results. **ALL TRANSCRIPTS AND OTHER DOCUMENTS FILED IN SUPPORT OF STUDENT APPLICATIONS BECOME THE PROPERTY OF THE UNIVERSITY AND ARE NOT RETURNED OR PHOTOCOPIED.** Original documents which cannot be replaced should not be sent. A CERTIFIED COPY of the original will be accepted.

#### D) FEES

##### Canadian/Permanent Resident - New Applicants

Include the \$42.00 application fee. Please do not mail cash.

##### International - New Applicants

Include the \$128.00 application fee. Please do not mail cash.

##### All Applicants for Readmission

Include the \$42.00 application fee. Please do not mail cash.

#### E) ENGLISH LANGUAGE REQUIREMENT

If English is not your first language, or you have received your education in another language, you are required to submit, along with your application, one of the following: TOEFL score (Test of English as a Foreign Language), ELA (English Language Assessment), IELTS (International English Language Testing System), or CAEL (Canadian Academic English Language Assessment), or PTE-Academic (Pearson Test of English).

### TRANSCRIPT INFORMATION

#### A) B.C. SECONDARY SCHOOL TRANSCRIPTS

Submit the **official transcript** for grade 11 and grade 12, G.E.D., or the last grade attempted. Marks for students presently in grade 12 in a B.C. high school will be submitted to Capilano University from the Ministry of Education, provided the student has notified Capilano University of their B.C. Personal Education Number (PEN) and followed the instructions given at their school.

#### B) ALL OTHER EDUCATIONAL INSTITUTIONS' TRANSCRIPTS (INCLUDING INTERNATIONAL TRANSCRIPTS)

Students should provide an **official transcript** which indicates subjects completed and standing in each, and have it mailed directly to the Registrar's Office, Capilano University. Report cards are **not** considered to be official transcripts. INTERNATIONAL DOCUMENTS MUST BE TRANSLATED INTO ENGLISH BY AN APPROVED TRANSLATION SERVICE.

### QUESTIONS?

Please forward any questions about the Application for Admission/Readmission process to [admissions@capilano.ca](mailto:admissions@capilano.ca).

#### USE OF PERSONAL INFORMATION NOTIFICATION

Personal information on your student record will be used to verify your Personal Education Number (PEN) or to assign one to you. The PEN is a nine digit number assigned to each student as they enter the British Columbia education system. This identification number follows the student through their K-12 and post-secondary education. This number is used for multiple purposes including the distribution of funding to schools, transition analysis between schools, districts and post-secondary education, exams and student reporting.

The Freedom of Information and Protection of Privacy Act guarantees the privacy of information that is collected, regulates how it is collected and who has access to it. The PEN program follows the guidelines set out by the Freedom of Information and Protection of Privacy Act <http://www.mser.gov.bc.ca/privacyaccess/>.

If you have any questions about the use of the PEN, please contact the Privacy Assistant in writing at [privacy@capilano.ca](mailto:privacy@capilano.ca).