



**DOUGLAS COLLEGE**

**Mailing Address:**

Office of the Registrar  
PO Box 2503  
New Westminster, BC, V3L 5B2  
Canada

For College Use Only

Student Number:

Date Rec'd:

Have you ever applied to Douglas College before? YES  NO

**Full Legal Name (This information must match your Driver's License or Passport, no initials)**

Surname Last or Family Name

Former Surname

Given First Name

Given Middle Name

Preferred First Name

**Contact Information**

Apt/Unit #

Mailing Address

City/Municipality

Province

Postal Code

Country

( )

Home Phone Number

Email Address

( )

Cell Phone Number

**Personal Information**

Gender

Male

Female

Date of Birth

Day / Month / Year

Social Insurance Number (SIN)

**Voluntary Disclosure**

I am requesting information on student services for students with an illness or disability.  
(Please contact the Centre for Students with Disabilities directly at 604.527.5154 to obtain information.)

**Citizenship Status**

Check here if you are a Canadian Citizen.   
(Proof of citizenship or immigration status may be required.)

If you are not a Canadian Citizen, you must check one of the boxes below:

- Permanent Resident (Landed Immigrant)
- Convention Refugee
- Minister's Permit
- Student Authorization (International)
- Other

All applicants must complete the following:

Country of Birth

Country of Citizenship

Native Language

**Emergency Contact**

Surname (Last or Family Name)

Given Name

( )

Phone Number

Relationship to Applicant

**Program Choice (For this section, please refer to the Douglas College Calendar at [www.douglascollege.ca](http://www.douglascollege.ca))**

Program Choice 1: \_\_\_\_\_

Program Choice 2: \_\_\_\_\_

Term

Year

Select an Option:

- Fall (September to December)
- Winter (January to April)
- Summer (May to August)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Part Time
- Full Time

Term

Year

Select an Option:

- Fall (September to December)
- Winter (January to April)
- Summer (May to August)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Part Time
- Full Time

## Secondary School Education (High School)

Are you currently in Grade 12? Yes  No

Have you graduated from Grade 12? Yes  No

If so, what was your graduation year? \_\_\_\_\_  
 Month Year

### Last High School Attended

Name of Last School Attended	City and Province (Country if outside Canada)	Month	Year	Month	Year
				TO	

\*Personal Education Number

\*Any person who has enrolled in a school in BC in September 1993 or later, will have a BC Ministry of Education Personal Education Number (PEN)

## Previous Post-Secondary Education (College or University)

Institution Name	Location	Month	Year	Month	Year
				TO	
				TO	

To apply for transfer credit (to meet prerequisite requirements, graduation requirements or receive transfer credit standing), you must submit an official transcript and complete a Transfer Credit Request Form. **Submission time lines:** to ensure evaluation by the beginning of registration are as follows: **Fall – May 1 Winter – Oct 1 Summer – Feb 1**

## Educational Goals

Do you intend to complete a credential at Douglas College?

- Yes  
 Not Sure  
 No (just take some courses)

What is the highest level you hope to achieve at Douglas College?

- Developmental/High School level (e.g. EASL or DVST)  
 1 semester (citation level = 15 credits)  
 1st year (certificate level = 30 credits)  
 2nd year (diploma level = 60 credits)  
 3rd year (advanced diploma = 90 credits)  
 4th year (bachelor's degree = 120 credits)

## Optional

Douglas College is dedicated to Aboriginal student success. To help us help you, please self-identify as an Aboriginal person.

Do you identify yourself as an Aboriginal person? That is, First Nations, Métis, or Inuit? Yes  No

If you identify yourself as an Aboriginal person, please select one or more of the three options that best describes your Aboriginal identity:

- Indian/First Nations (include Status, non-Status, and non-Treaty)  Métis  Inuit

## Declaration of Applicant

Have you ever been suspended/expelled from any post-secondary institution? Yes  No

Institution Name \_\_\_\_\_

Location \_\_\_\_\_

- I certify all statements on the application are true and complete. I understand that falsifying documents or information on this application will result in immediate permanent dismissal from the College. I understand information on falsified documents may be shared with the Association of Registrars of Universities and Colleges of Canada (ARUCC).
- I agree to abide by the rules and regulations of the College as published in the online Calendar, and those of the department and program in which I shall be registered, and any changes which may be made while I am a student at the College.
- The information on this form is collected under the authority of the College and Institute Act. I understand this information, along with subsequent information placed in my student record will be used for purposes of admission, registration, research, and alumni development. The use of this information will be in compliance with the Freedom of Information and Protection of Privacy Act. Any questions concerning the collection and use of this information should be directed to the Registrar.  
 I have read and understand the above statements.

Applicant's Signature \_\_\_\_\_

Date of Application \_\_\_\_\_

## Fees

A non-refundable application fee of CDN \$30.00 (Domestic) or \$100.00 (International) **MUST** be submitted with this form, if applicable. You can pay by cheque, money order, Visa or MasterCard. Cash and debit cards are accepted in person only. A service charge for any NSF or returned cheque will be assessed. Applications received without the application fee will not be processed.

Student Name \_\_\_\_\_ Student Number \_\_\_\_\_

Visa/MasterCard # \_\_\_\_\_ Expiry Date \_\_\_\_\_