

Have you ever applied to Douglas College before? Yes  No

### For College Use Only

Student ID: \_\_\_\_\_

Date Received \_\_\_\_\_

**FULL LEGAL NAME** - *This must match your Driver's License or Passport*

\_\_\_\_\_  
Surname/Last/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/Mobile Phone Number

### PERSONAL AND CITIZENSHIP INFORMATION

Gender Male  Female

Canadian Citizen

Permanent Resident

Study Permit (Int'l)

Convention Refugee

Minister's Permit

Other

\_\_\_\_\_  
Country of Birth

\_\_\_\_\_  
Country of Citizenship

\_\_\_\_\_  
Native Language

Date of Birth Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
Social Insurance Number

\_\_\_\_\_  
Personal Education Number

*For any person who has enrolled in school in British Columbia*

### EMERGENCY CONTACT INFORMATION

\_\_\_\_\_  
Surname/Last/Family Name

\_\_\_\_\_  
First/Given Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Phone Number

### OPTIONAL SERVICES

For Information on Centre for Students with Disabilities please visit [douglascollege.ca/services/centre-for-disabilities](http://douglascollege.ca/services/centre-for-disabilities)

To request services contact: [stuserv@douglascollege.ca](mailto:stuserv@douglascollege.ca); New Westminster: 604.527.5486; Coquitlam: 604.777.6185

Do you identify as an Aboriginal person? Yes  No

If you identify as an Aboriginal person, please select the options below that best describes your Aboriginal identity:

Indian/First Nations

Métis

Inuit

*Includes Status, non-Status and non-Treaty*

Would you like to take part in Douglas College's Facebook for Schools Application? Yes  No

Answering 'YES', means you acknowledge that Douglas College will send your name and email address to our service partner, Academica Group, who will then officially invite you to join the Facebook app via your email address. For more information: [douglascollege.ca/ons](http://douglascollege.ca/ons)

**PROGRAM CHOICE** douglascollege.ca/programs \*\*Be sure that only 1 of your choices is an Open Enrolment Program

Program Choice 1

Program Choice 2

Program Choice 3

Program Name \_\_\_\_\_

	YEAR	OPTION
<input type="checkbox"/>	Fall (Sept) _____	Full-time <input type="checkbox"/>
<input type="checkbox"/>	Winter (Jan) _____	Part-time <input type="checkbox"/>
<input type="checkbox"/>	Summer (May) _____	

Program Name \_\_\_\_\_

	YEAR	OPTION
<input type="checkbox"/>	Fall (Sept) _____	Full-time <input type="checkbox"/>
<input type="checkbox"/>	Winter (Jan) _____	Part-time <input type="checkbox"/>
<input type="checkbox"/>	Summer (May) _____	

Program Name \_\_\_\_\_

	YEAR	OPTION
<input type="checkbox"/>	Fall (Sept) _____	Full-time <input type="checkbox"/>
<input type="checkbox"/>	Winter (Jan) _____	Part-time <input type="checkbox"/>
<input type="checkbox"/>	Summer (May) _____	

**SECONDARY/HIGH SCHOOL**

Are you currently in Grade 12? Yes  No

Have you graduated from 12? Yes  No

If yes, when did you graduate? \_\_\_\_\_/\_\_\_\_\_  
Month Year

\_\_\_\_\_  
Last secondary school attended Location \_\_\_\_\_  
Month Year To Month Year

**PREVIOUS POST-SECONDARY EDUCATION**

Institution Name: \_\_\_\_\_ Location: \_\_\_\_\_

Institution Name: \_\_\_\_\_ Location: \_\_\_\_\_

To apply for transfer credit (to meet prerequisite requirements, graduation requirements, or receive transfer credit), you must submit an official transcript and complete a Transfer Credit Request Form. Submission deadlines for each semester are: Fall - May 1; Winter - Oct 1; Summer - Feb 1

**EDUCATIONAL GOALS**

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

Upgrading/High School level <input type="checkbox"/>	1st Year (certificate=30 credits) <input type="checkbox"/>	3rd Year (adv. diploma=90 credits) <input type="checkbox"/>	Post Degree <input type="checkbox"/>
1 semester (citation=15 credits) <input type="checkbox"/>	2nd Year (diploma=60 credits) <input type="checkbox"/>	4th Year (degree=120credits) <input type="checkbox"/>	Not sure <input type="checkbox"/>

**DECLARATION OF APPLICANT**

Have you ever been suspended/expelled from a post-secondary institution(s) for reasons other than academic? 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 that 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