

Have you ever applied to Douglas College before? Yes No

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

For College Use Only

Student ID: _____

Date Received _____

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

Email Address

Phone Number

OPTIONAL SERVICES

For Information on Centre for Students with Disabilities please visit douglascollege.ca/student-services/support

To request services contact: 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

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

Semester (choose one): FALL WINTER SUMMER Year: _____

Program Choice 1: _____

Program Choice 2: _____

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

DECLARATION OF APPLICANT

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, student communication, 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