



Application for Admission

STUDENT INFORMATION											
Student Number (if you have previously applied):			Surname/Last/Family Name:				Former Surname:				
Given First Name (Must match your Driver's License or Passport)			Given Middle Name				Preferred First Name				
Mailing Address:					City:		Province:	Postal Code:			
Home Phone Number:			Cell Phone Number:		Email Address:						
Gender: Male	Female	Date of Birth: Day		Month		Year		Canadian Citizen Permanent Resident Study Permit (Int'l) Convention Refugee Minister's Permit Other			
Country of Birth		Country of Citizenship			Native Language						
Personal Education Number <i>For any person who has enrolled in school in British Columbia</i>											
Do you self-identify as a former youth in care/youth with care experience? No Yes											
Do you identify as an Aboriginal Person? No Yes If yes, select one: Indian/First Nations Inuit Metis											
EMERGENCY CONTACT INFORMATION											
Surname/Last/Family Name			Given First Name		Email Address			Phone Number			
PROGRAM CHOICE douglascollege.ca/programs **Be sure that only 1 of your choices is an Open Enrollment Program											
Semester (choose one):			FALL	WINTER		SUMMER		Year:			
Program Choice 1:			Concentration/Specialization:			(If applicable)	FT	PT			
Program Choice 2:			Concentration/Specialization:			(If applicable)	FT	PT			
SECONDARY/HIGH SCHOOL											
Are you currently in Grade 12? No Yes			Have you graduated from Grade 12? No Yes			Month/Year graduated: /					
Last secondary school attended			Location		From	M	/ Y	To	M / Y		
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 semesters are: Fall - Apr 15; Winter - Sep 15; Summer - Jan 15											
OPTIONAL SERVICES											
For Information on Accessibility Services, please visit douglascollege.ca/student-services/support . To request services contact: stuserv@douglascollege.ca ; New Westminster: 604.527.5486; Coquitlam: 604.777.6185											
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.											
Student Signature:						Date (DD/MM/YY):					
FREEDOM OF INFORMATION						Date Received: Registrar's Office					
The information on this form is collected by Douglas College under the authority of the College and Institute Act, and Section 27(2) of the Freedom of Information and Protection of Privacy Act (FIPPA). The information will be used to process your application. If you have any questions about the collection and the use of this information, please contact the Associate Registrar, Admissions at 604-527-5358											