



Application Checklist

- ☐ **Application.** Please use fillable PDF – type all information. Print and sign the document exactly as you have signed your passport.
- ☐ **Information waiver.** Please indicate all those who are allowed access to your admission and registration information. If you do not wish anyone to have access to your information, then leave information blank. Permission can be revoked by informing the International office in writing anytime.
- ☐ **Scan of passport + study permit (if applicable).** Please include the biographical information page of your passport that includes passport number, issuance and expiry dates, photo, name, date and place of your birth. If your signature is not on this page, please also scan the page where your signature is shown.
- ☐ **Transcripts.** Original language and translated and notarized/certified copies if in a language other than English. Must have a minimum GPA of **60% equivalent or greater**. Please note that all transcripts submitted are retained by College and will not be returned to you. Please contact International Admissions to request a return at submission
- ☐ **Proof of graduation.** Original language and certified original copies if in a language other than English.
- ☐ **Proof of English,** (IELTS or TOEFL) or proof of acceptance to a pathway partner, if applicable.
- ☐ **\$100.00 CAD application fee receipt.** Pay at the Flywire Payment Portal for Douglas College: douglascollege.flywire.com. Note: Before making an application fee payment, please contact Douglas International at dciadmissions@douglascollege.ca to confirm program availability. This \$100 application fee is non-refundable.
- ☐ Student's email address and phone number is on the application?
- ☐ Student's current home address is on the application?
- ☐ Student has signed the application, the same way they have signed their passport?

Important submission process:

All documents should be sent to Douglas College International office, room 2800,
ATTENTION: Admissions.

Mailing: Douglas College International Admissions Room 2800
700 Royal Ave
New Westminster BC, V3M 5Z5
Canada



Douglas College Application for Admission Agreement

700 Royal Ave
New Westminster, BC. Canada

The following is legal and binding:

✓ Check the box that applies:

- ☐ I confirm that I have never applied for a Study Permit (Visa) or Visitor Visa or any other Immigration process or procedure to Canada.
- ☐ I confirm I applied for a Study Permit (Visa) or other immigration process to Canada and have been refused, I have attached the refusal letter with my application.
- ☐ I confirm that I have a valid Study Permit. The expiry date of my Study Permit is ____ / ____ / ____
Day Month Year
- I confirm that it is at the sole discretion of Douglas College to proceed with my application or refuse it. By submitting an application to Douglas College, I understand these terms and agree to them. I understand if Douglas College refuses to accept my application the decision is final.
- I confirm that my consultant's staff have witnessed me signing this document or in case where this document has been dropped off to their office, I have submitted my passport signature page for them to cross reference my signature.
- I confirm acceptance that this document is legal and binding and violation of any condition of this agreement will result in forfeiture of 50% of my tuition and fee deposit to Douglas College. By signing the Douglas College application form, I have agreed to these conditions.



INTERNATIONAL STUDENT APPLICATION

For College use

Have you ever applied to Douglas College before? YES ☐ NO ☐

Student ID: _____
Date Received _____

FULL LEGAL NAME - This must match your Passport

Surname / Last / Family Name

Former Surname

Applicant's Signature

Given First Name

Given Middle Name

Preferred First Name

Signature

CONTACT INFORMATION

Apt/Unit#

Mailing Address (*must be student's residential address*)

City/Municipality

Province / State

Postal Code

Country

Home Phone Number

E-mail Address (*your personal e-mail address - we use this for student service and other communication*)

Cell / Mobile Phone Number

PERSONAL AND CITIZENSHIP INFORMATION

Gender: Male ☐ Female ☐

Date of Birth _____ / _____ / _____
Day Month Year

Personal Education Number _____
For any person who has enrolled in High school in British Columbia

Do you have a valid study permit?

Yes ☐ No ☐

If Yes, please fill the below:

Expiry date _____ / _____ / _____
Day Month Year

Country of Birth

Country of Citizenship

Native Language

PROGRAM CHOICE **Refer to www.douglascollege.ca/programs **Be sure to apply to at least one Open Enrolment Program

Program Choice

Program Choice 2

Program Name

YEAR

☐ Winter (January) _____

YEAR

☐ Summer (May) _____

Program Name

YEAR

☐ Fall (September) _____

SECONDARY / HIGH SCHOOL

Have you graduated from High School? Yes ☐ No ☐ If No, when will you graduate? _____ / _____
Month Year

PREVIOUS POST-SECONDARY EDUCATION

Institution Name: _____ Location: _____

Institution Name: _____ Location: _____



INTERNATIONAL STUDENT APPLICATION

EDUCATION CONSULTANT / AGENT CONTACT INFORMATION

Company Name _____ Phone Number _____
Contact Person's Name _____ E-mail Address _____

INFORMATION WAIVER

I hereby give permission for Douglas College to disclose personal information pertinent to my admission and studies at Douglas College to the following. I understand I can revoke this permission in writing at anytime.

Parent / Guardian / Other ☐ Name _____
Consulting Company ☐ Name _____
Partner School ☐ Name _____

Please allow the designated person/s access to the following information from:

_____ to _____
(day/month/year) (day/month/year)

Registration Information ☐ Admission Status ☐ Other ☐

Douglas College collects personal information on students to fulfill its mandate in the educational process and in compliance with the Freedom of Information and Protection of Privacy Act of BC. Personal Information is any information that enables identification of an individual such as name, address, telephone number of any identifying number or symbol assigned to you.

EMERGENCY CONTACT INFORMATION ** Student's immediate family only

Surname / Last / Family Name First / Given Name Relationship to Student Phone Number

DECLARATION OF APPLICANT

Institution name: _____ Location: _____

Have you ever been suspended / expelled from a post-secondary institution? YES ☐ NO ☐

1. 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).
2. 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.
3. 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.

Date of Application