



DOUGLAS COLLEGE

CONCURRENT STUDIES APPLICATION

PRINT FOR SUBMITTING TO DOUGLAS COLLEGE

TO APPLY

- You must submit a package consisting of:
• this 2-page application form, completed and signed; and
• an official copy of your interim high school transcript.

Please assemble all documents and mail your package to the address noted at right.

MAILING ADDRESS

PO Box 2503
New Westminster, BC
V3L 5B2

YOUR PERSONAL DATA (PLEASE PRINT CLEARLY)

Last or family name _____ Given names (in full as on birth certificate) _____

Preferred given name _____ Former last or family name (if applicable) _____

Gender [] Male [] Female

Date of birth (year/month/day) _____ What is your primary language? [] English [] other (specify) _____

Personal Education Number (BC only) _____

CITIZENSHIP INFORMATION

Canadian Citizen Convention Refugee _____ Country of Birth

Permanent Resident Ministers Permit _____ Country of Citizenship

Study Permit (Int'l) _____ Native Language

YOUR MAILING ADDRESS

Street number and name _____ Apartment # _____

City _____ Province _____ Country _____ Postal Code _____

Telephone, evening _____ day _____

Email address _____

IN CASE OF EMERGENCY, PERSON WE SHOULD CONTACT

Name _____

Telephone, evening _____ day _____

SEMESTER YOU INTEND TO TAKE COURSES

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

Secondary School

Location (city/town)

Current high school grade

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.

Please note: ALL DOUGLAS COLLEGE POLICIES AND PROCEDURES APPLY TO CONCURRENT STUDIES STUDENTS. This includes meeting course pre-requisites. Once approved, this application will admit the student to the semester indicated above ONLY. If the student wishes to attend Douglas College for any subsequent semesters, they must submit an Application for Re-Admission and pay an application fee.

I have read and understand the above statements.

SIGNATURE _____ DATE _____

**AUTHORIZATION OF SECONDARY SCHOOL
COUNSELLOR**

I certify that _____ (student's name) has exceptional academic ability and is prepared to enroll in College-level coursework. I endorse their participation in the Concurrent Studies program at Douglas College

NAME _____

SIGNATURE _____ DATE _____