



Please type in fields, then print and sign before submitting.

Application for Admission

High School Dual Credit Programs

School District Partner	
Start Term: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Start Year:

FULL LEGAL NAME (NO INITIALS)		
Surname (Legal Last/Family name)	Former Surname (if applicable)	
Legal Given First Name	Legal Given Middle Name	Preferred First Name

Preferred name is displayed in KPU's e-learning environment

CONTACT INFORMATION			
Email Address			
Mailing Address			City / Municipality
Province	Postal Code	Home Telephone	Cellular/Mobile Phone

PERSONAL INFORMATION	CITIZENSHIP STATUS	OPTIONAL			
*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female * Date of Birth <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> <p>DD MM YYYY</p> * Gender and date of birth are required for you to access the online student system and for identification purposes.				Country of Citizenship _____ First Language _____ Country of Birth _____ Citizenship Status* <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident (landed Immigrant) <input type="checkbox"/> Approved Convention Refugee <input type="checkbox"/> Minister's Permit <input type="checkbox"/> Diplomat or Dependent <input type="checkbox"/> Not a Citizen of Canada <i>*Legal documentation may be required</i>	KPU is dedicated to Aboriginal student success. An Aboriginal person is identified as "an Indian, Métis or Inuit person of Canada" [Constitution Act of 1982, Part II, Section 35(2)]. <input type="checkbox"/> I wish to be identified as an Aboriginal person. If you have chosen to identify as an Aboriginal person, for statistical purposes we invite you to select one or more of the three options that best describes your Aboriginal identity: <input type="checkbox"/> Indian/First Nations (include Status, non-Status, Treaty and non-Treaty) <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> Please contact me regarding Aboriginal student support and services

EMERGENCY CONTACT		
Surname (Legal Last/Family name)	Legal Given First Name	Telephone

ADDITIONAL INFORMATION
I am requesting information on student services related to: <input type="checkbox"/> Illness or disability <input type="checkbox"/> Students with children <input type="checkbox"/> Scholarships and financial assistance

SECONDARY SCHOOL EDUCATION (HIGH SCHOOL)

When will you graduate from Secondary (High) School? _____ Personal Education Number (BC only) _____

School Name _____

Location _____

LEGAL

I certify that all statements on this application are true and complete and that no information has been withheld. I understand that any misrepresentation of this may result in the cancellation of my admission or registration status and that falsifying documents or information on the application may result in immediate permanent dismissal from Kwantlen Polytechnic University. Completion of this signed application permits Kwantlen Polytechnic University to request and/or confirm any information necessary to support my application for admission.

I authorize the release of all British Columbia secondary school interim and final grades by the British Columbia Ministry of Education to Kwantlen Polytechnic University. If I am admitted to Kwantlen Polytechnic University, I agree to familiarize myself with and to abide by the most current policies of the University during my tenure as a student at the University.

In signing this application for admission, I understand that this information, along with subsequent information placed in my student records will be used for the purposes of admission, registration, graduation, research, alumni and development, student association and other purposes consistent with the mandate of the institution. Kwantlen Polytechnic University reserves the right for the Registrar to share information with the Ministry of Advanced Education, Training and Technology, or other related government agencies and dual enrolment partners. Kwantlen Polytechnic University also reserves the right for the Registrar to share information with other post-secondary institutions in situations where an applicant has been found to have falsified documents or other information on their Application for Admission. The use of this information will be in compliance with the Freedom of Information and Protection of Privacy Act. The information on the admission form is being collected under the authority of the University Act.

Signature: _____

Date: _____

FOR OFFICE USE ONLY (Do not write in shaded areas)

<i>Date</i>	<i>Entered By:</i>	<i>Initials</i>
<i>Comments:</i> <i>Cohort:</i>		



Third Party Waiver/Release of Information Form for Dual Credit partnership programs

Submit form to Student Enrolment Services on any campus.

Student Name:			
First Name	Last Name	Date of Birth (dd/mm/yy)	KPU Student Number <i>(office use only)</i>

Part I – Student Information
I authorize _____ and _____ access to the following information: <i>(optional: print name of additional person)</i>
<input checked="" type="checkbox"/> Academic status <input type="checkbox"/> Convocation information (only for CTC/Youth TRN Foundations) <input checked="" type="checkbox"/> Enrolment status information <input checked="" type="checkbox"/> Grades <input checked="" type="checkbox"/> Registration information (including current registration status) <input type="checkbox"/> Special needs documentation/Disability accommodations

Part II – Financial Information (Note: refund cheques will only be issued to the student, not a third party, even in cases where a waiver is in place)
I authorize _____ and _____ access to the following information: <i>(optional: print name of additional person)</i>
<input checked="" type="checkbox"/> Student account balance <input type="checkbox"/> Student awards <input type="checkbox"/> Student loan information <input checked="" type="checkbox"/> Tuition and fees assessment

Part III – Student Transactions
I authorize _____ to carry out the following transactions on my behalf:
<input checked="" type="checkbox"/> Add/drop courses <input checked="" type="checkbox"/> Pay fees <input type="checkbox"/> Order transcripts, confirmation of enrolment letters, signed scholarship/RESP forms <input type="checkbox"/> Other (specify) _____

Part IV – Duration (waivers are valid for a maximum of one year only from the start date)
This waiver will be valid for the following period: From: Date (day/month/year) _____ To: Date (day/month/year) _____

IMPORTANT!! Access to online fee payment and registration services is controlled through each student's User ID and PIN (password). It is the responsibility of each student to control access to their PIN. Under no circumstances will a student's PIN be released to a third party, even in cases where a third party waiver has been signed.

Part V – Signature - Student records are confidential and are not changeable without the written consent of the student, unless otherwise required by law. Your signature indicates that you are requesting your records be revised and that information contained herein is accurate to the best of your knowledge. KPU considers a falsified waiver form as fraud.	
Student signature	Date

Office Use Only		
Date received:	Received by:	Date entered (dd/mm/yy):