



Please use a black ink pen when completing this form

## Application for Admission for ACE-IT Partnership Programs in The Faculty of Trades & Technology

### OFFICE USE ONLY

School District

### DESIRED PARTNERSHIP PROGRAM

Select one:

- |                                       |                                     |                                       |
|---------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Automotive   | <input type="checkbox"/> Masonry    | <input type="checkbox"/> Plumbing     |
| <input type="checkbox"/> Carpentry    | <input type="checkbox"/> Millwright | <input type="checkbox"/> Welding      |
| <input type="checkbox"/> CADD         | <input type="checkbox"/> Piping     | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Horticulture |                                     |                                       |

Start Term:

- ☐ Fall ☐ Spring ☐ 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

\*Gender ☐ Male ☐ Female  
\* Date of Birth

DD	MM	YYYY
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\* Gender and date of birth are required for you to access the online student system and for identification purposes.

### CITIZENSHIP STATUS

Country of Citizenship \_\_\_\_\_

First Language \_\_\_\_\_

Country of Birth \_\_\_\_\_

Citizenship Status\*

- ☐ Canadian Citizen  
☐ Permanent Resident (landed Immigrant)  
☐ Approved Convention Refugee  
☐ Minister's Permit  
☐ Diplomat or Dependent  
☐ Not a Citizen of Canada

*\*Legal documentation may be required*

### OPTIONAL

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)].

☐ 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:

- ☐ Indian/First Nations (include Status, non-Status, Treaty and non-Treaty)  
☐ Métis  
☐ Inuit

☐ 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:

- ☐ Illness or disability ☐ Students with children ☐ 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)***Date*  
  
  
  
  
  
  
  
  
  
*Comments**Entered By:**Initials**KPU Student ID#*



## Third Party Waiver for ACE-IT Partnership Programs/Release of Information Form

*Submit form to Student Enrolment Services on any campus.*

### Student Name:

First Name	Last Name	KPU Student Number	Date of Birth (dd/mm/yy)
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### Part I – Student Information

I authorize (print name of person/agency here) \_\_\_\_\_ access to the following information:

- ☐ Academic status
- ☐ Convocation information
- ☐ Enrolment status information
- ☐ Grades
- ☐ Registration information (including current registration status)
- ☐ Special needs documentation/Disability accommodations
- ☐ Behavioral concerns
- ☐ Other (specify) \_\_\_\_\_

### 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 (print name of person/agency here) \_\_\_\_\_ access to the following information:

- ☐ Student account balance
- ☐ Student awards
- ☐ Student loan information
- ☐ Tuition and fees assessment
- ☐ Other (specify) \_\_\_\_\_

### Part III – Student Transactions

I authorize (print name of person/agency here): \_\_\_\_\_ to carry out the following transactions on my behalf:

- ☐ Add/drop courses
- ☐ Pay fees
- ☐ Order transcripts, confirmation of enrolment letters, signed scholarship/RESP forms
- ☐ Other (specify) \_\_\_\_\_

### Part IV – Duration

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
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### Office Use Only

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