



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

Application for Admission High School Dual Credit Programs

APPLICATION APPROVED BY

School District: (to be filled in by School District rep only)

DESIRED PARTNERSHIP PROGRAM

Select one:

- TRN Carpentry
- TRN Millwright
- TRN Welding
- CTC CADD
- TRN Piping
- TRN Other
- TRN Masonry
- TRN Plumbing
- Delta Farm Roots

- Langley XCEL
- High School on Campus
- Aboriginal High School on Campus

Start Term:

- Fall
- Spring
- Summer

Start Year:

FULL LEGAL NAME (NO INITIALS)

Surname (Legal Last/Family name)	Former Surname (if applicable)
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Legal Given First Name	Legal Given Middle Name	Preferred First Name
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Preferred name is displayed in KPU's e-learning environment

CONTACT INFORMATION

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

<i>Date</i>	<i>Entered By:</i>	<i>Initials</i>
<p><i>Comments</i></p>		
		<p><i>KPU Student ID#</i></p>



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 **Maple Ridge School District** and _____ access to the following information:
(optional: print name of additional person)

Academic status
 Convocation information (only for CTC/Youth TRN Foundations)
 Enrolment status information
 Grades
 Registration information (including current registration status)
 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 **Maple Ridge School District** and _____ access to the following information:
(optional: print name of additional person)

Student account balance
 ~~Student awards~~
 ~~Student loan information~~
 Tuition and fees assessment

Part III – Student Transactions

I authorize **Maple Ridge School District** 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 (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
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Office Use Only

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