



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:

- YTT Carpentry YTT Electrical YTT Metal Fabrication YTT Masonry
 FH / GP / SRT / GAR YTT Millwright YTT Plumbing/Piping YTT Welding

- Langley XCEL LinK 38 CADD Dual Credit
 High School on Campus Aboriginal High School on Campus Delta Farm Roots

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

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DD MM YYYY

* 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>
<i>Comments</i>		
		<i>KPU Student ID#</i>