

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

Application for Admission High School Dual Credit Programs

DESIRED PARTNERSHIP PROGRAM Select one: ☐ YTT Masonry uu'# YTT Plumbing/Piping ☐ YTT Metal Fabrication ☐ YTT Welding ☐ YTT Millright ' uu -**APPLICATION APPROVED BY** School District: (to be filled in by School District rep only) Start Term: Start Year: Fall Spring Summer **FULL LEGAL NAME (NO INITIALS)** Former Surname Surname (Legal Last/Family name) (if applicable) Legal Given Legal Given First Name Middle Name First Name Preferred name is displayed in KPU's e-learning environment **CONTACT INFORMATION** Email Address Mailing City / Municipality Address Postal Home Cellular/Mobile Province Code Telephone Phone PERSONAL INFORMATION **OPTIONAL CITIZENSHIP STATUS** Country of Citizenship _ KPU is dedicated to Aboriginal student success. An Aboriginal person is identified as "an Indian, Métis or Inuit person of * Date of Birth Canada" [Constitution Act of 1982, Part II, Section 35(2)]. First Language_ Country of Birth_ I wish to be identified as an Aboriginal person. If you have chosen to identify as an Aboriginal person, for Citizenship Status* statistical purposes we invite you to select one or more of the three options that best describes your Aboriginal identity: Canadian Citizen * Gender and date of birth are required for you to access the Indian/First Nations (include Status, non-Status, Permanent Resident (landed Immigrant) online student system and for Treaty and non-Treaty) identification purposes. Approved Convention Refugee Métis Minister's Permit Inuit Diplomat or Dependent Please contact me regarding Aboriginal student support Not a Citizen of Canada *Legal documentation may be required

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?	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:	gnature: Date:				
FOR OFFICE USE ONLY (Do not write in shad	ed areas)				
Date	Entered By:		Initials		
Comments					
		KPU Student ID#			
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