

# **Program Application Centre for Continuing Studies**

Downtown campus

250 West Pender St., Vancouver, B.C. V6B 1S9

**p**:604.443.8484 **f**: 604.443.8393 e: cstudies@vcc.ca

www.vcc.ca

This application is for Continuing Studies Certificate or Diploma programs only.

Please submit to the Continuing Studies Office, room 203. You must submit a non-refundable \$35 application fee with this form. Please print in legible letters. Proof of name change is required if documents submitted are in a different name. All documents submitted become property of VCC.

1. Personal information	
All official VCC correspondence will be mailed and/or emailed to the address change of address / telephone number may be made online at myVCC.ca.	supplied on this form. VCC cannot be held responsible for misdirected mail.
I already have a VCC student number:	If yes, please enter your number:  Student ID
Legal last name (family name)	Legal first name
Address	
City	Province Postal code
Phone	Email
Birthdate (DD/MM/YYYY)	Social insurance number
Gender: ☐ Female ☐ Male ☐ Other	
Birth country  Are you a Canadian citizen?	Citizenship country Native language
Your status and citizenship/visa or Permanent Resident identification number	Issue date (DD/MM/YY) Expiry date (DD/MM/YY)
Aboriginal students	
Do you identify yourself as a Canadian Aboriginal person? $\ \square$ Yes $\ \square$ No	
If yes, select one or more option that best describes your Aboriginal identity:	☐ First Nations (Status or non-Status) ☐ Métis ☐ Inuit ☐ Indigenous
Your Nation:	☐ Please contact me regarding Aboriginal student support and services
Emergency contact	

#### Email

Name

Signature

DECLARATION

1. I understand that submission of this application does not guarantee admission to a program or course, and that admission is subject to meeting VCC's entrance requirements and space availability.

2. I agree to abide by the rules and regulations of VCC as published on the VCC website, and those of the department and program in which I shall be registered and any changes which may be made while I am a student at VCC.

3. I certify that the information I have provided in this application is complete and accurate and may be verified by VCC. I understand that falsifying any documents or information submitted will result in immediate cancellation of my admission or registration at VCC.

4. I have read and understand the VCC Protection of Privacy disclaimer on the back of this form.

5. I understand that VCC will be sending communications in electronic format to my email.

Phone

Relationship to you

Date

I am applying for admission	on to:								
Program name:									
Have you met all the app	plication requir	ements for the pro	gram to which	you are applying?	☐ Yes ☐	No			
Program information can Continuing Studies Office					ogram requiremen	ts see the sp	pecific program listin	ng, call the	
All programs with entrand	ce requirements	must have official t	ranscripts and s	upporting documer	ts attached to this a	pplication fo	orm.		
3. Educatio	nal histo	ory							
BC examination or PEN	number (Persor	nal Education Num	nber) if known:						
Have you graduated from high school (secondary, GED) in any country? $\square$ Yes $\square$ No									
Last high school attende	ed	City	Province	Last date	e attended (Month/year) Highest grade compl			pleted (10, 11, 12)	
Previous post-secondary	y institution(s) a	ttended City	Province	Last date	te attended (Month/year) Program				
Previous post-secondary	y institution(s) a	ttended City	Province	Last date	attended (Month/y	/ear)	Program		
Previous post-secondary	y institution(s) a	ttended City	Province	Last date	attended (Month/y	/ear)	Program		
4. Payment									
A non-refundable CDN \$35 application fee <b>must be submitted with this form</b> . Applications received without the application fee will not be processed. A service charge for NSF or returned cheques will be assessed.									
Payment Method	VISA	Master Card	AMEX	Debit card	Debit transfer	Cash	Cheque	Money order	
In person					N/A			N/A	
Online at vcc.ca						N/A	N/A	N/A	
On the phone				N/A	N/A	N/A	N/A	N/A	
By mail	N/A	N/A	N/A	N/A	N/A	N/A			
Support for	c ctudos	م طفنید مد	ننانطوونا	20					

## Support for students with disabilities

To support you during your studies at VCC please contact Disability Services to arrange an intake appointment: 604.871.7000, option 2.

Please note it can take 4 months to arrange educational accommodations.

### Protection of privacy

2. Program information

Vancouver Community College (VCC) collects and retains student personal information under the authority of the College and Institute Act.

The information will be used to admit, register and graduate students, record academic achievement, issue library cards, administer and operate academic, alumni and other College programs and other purposes consistent with the mandate of the College. Information on admission, registration and academic achievement may also be disclosed and used for statistical and research purposes by the College, other post secondary educational institutions, the Industry Training Authority and the provincial government. Personal information provided for admission and registration and any other information placed into the student record will be collected, protected, used, disclosed and retained in compliance with British Columbia's Freedom of Information and Protection of Privacy Act (R.S.B.C. 1996, c. 165). In addition to collecting personal information for its own purposes the College collects specific and limited personal information on behalf of the Students' Union of Vancouver Community College (SUVCC). The SUVCC uses this information for the purpose of student elections and the Student Health and Dental Plan. Please contact the SUVCC office if you have any questions about its collection, use and disclosure of the information. If you have any questions about the collection, use and disclosure of your personal information by VCC, please contact the Registrar's Office, Vancouver Community College, 1155 East Broadway, Vancouver, B.C. V5T 4V5; 604.871.7000, option 4.

Supporting application info For all Continuing Studies Certificate and Diploma programs, please respond to the following questions: How did you hear about the program? (Continuing Studies flyer, web, word of mouth, advertising): Tell us in 100 words (maximum), why you are applying for this program (attach a separate page if necessary): Indicate your employment history and current workplace: Describe any work or volunteer experience that relates to the program for which you are applying: Do you have any recognized industry certifications? If so, please list: Office use only

□ Accepted (date) □ Postponed (date)