



Application for Admission

Broadway campus
1155 East Broadway, Vancouver, B.C. V5T 4V5
p: 604.871.7000, f: 604.871.7458

Downtown campus
250 West Pender St., Vancouver, B.C. V6B 1S9
p: 604.871.7000, f: 604.443.8450

Toll free: 866.565.7820
www.VCC.CA

Canadian citizens and permanent residents only.

Please submit to the Registrar's Office. You must submit a non-refundable \$35 application fee with this form. Please print in legible letters.

1. Personal information

All official VCC correspondence will be mailed and/or emailed to the address supplied on this form. VCC cannot be held responsible for misdirected mail. Change of address / telephone number may be made online at myVCC.ca.

I already have a VCC student number: Yes No

If yes, please enter your number:

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Student ID

Legal last name (family name)

Legal first name

Middle name(s)

Preferred first name

Previous last name (if applicable)

Address

City

Province

Postal code

Country

Home phone

Mobile phone

Other phone

Email

Birthdate (DD/MM/YYYY)

Social insurance number (optional)

Gender: Female Male Other

Birth country

Citizenship country

Native language

Are you a Canadian citizen? Yes No **If no:**

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? Yes 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.

Former youth in care

VCC offers the provincial Youth in Care tuition waiver program to eligible students. Have you lived as a Youth in Care in B.C. for a minimum of 24 months?

Yes No I prefer not to answer

Emergency contact

Name

Relationship to you

Email

Phone

2. Program information

I am applying for admission to:

Program name

Preferred start date (subject to waitlist)

All programs with entrance requirements must have official transcripts and supporting documents attached to this application form. Proof of name change is required if documents submitted are in a different name. All documents submitted become property of VCC.

DECLARATION

- 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.
- 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.
- 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.
- I have read and understand the VCC Protection of Privacy disclaimer on the back of this form.
- I understand that VCC will be sending communications in electronic format to my email.

Signature

Date

continued on next page →

3. Educational history

PEN number (Personal Education Number) if known:

If you are a B.C. resident and cannot find or do not know your PEN then visit bcged.gov.bc.ca/pen/student/penobtain.htm

Have you graduated from high school (secondary, GED) in any country? Yes No If yes, please indicate the country:

High schools you have attended

Name up to two (2) entries – most recent first

Name of school	Province, Country	Start date DD/MM/YYYY	Date completed DD/MM/YYYY	Current or completed grade <input type="checkbox"/> Less than 12 <input type="checkbox"/> 12 or equivalent <input type="checkbox"/> IB diploma
.....	.....	DD/MM/YYYY	DD/MM/YYYY	<input type="checkbox"/> Less than 12 <input type="checkbox"/> 12 or equivalent <input type="checkbox"/> IB diploma
Name of school	Province, Country	Start date DD/MM/YYYY	Date completed DD/MM/YYYY	Current or completed grade <input type="checkbox"/> Less than 12 <input type="checkbox"/> 12 or equivalent <input type="checkbox"/> IB diploma
.....	.....	DD/MM/YYYY	DD/MM/YYYY	<input type="checkbox"/> Less than 12 <input type="checkbox"/> 12 or equivalent <input type="checkbox"/> IB diploma

Post-secondary institutions you have attended

Name up to three (3) entries – most recent first

Name of institution	Province, Country	Start date DD/MM/YYYY	Date completed DD/MM/YYYY	Credential awarded DD/MM/YYYY	Date awarded DD/MM/YYYY
.....	.....	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Name of institution	Province, Country	Start date DD/MM/YYYY	Date completed DD/MM/YYYY	Credential awarded DD/MM/YYYY	Date awarded DD/MM/YYYY
.....	.....	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Name of institution	Province, Country	Start date DD/MM/YYYY	Date completed DD/MM/YYYY	Credential awarded DD/MM/YYYY	Date awarded DD/MM/YYYY
.....	.....	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY

4. Release of information (optional)

I hereby authorize Vancouver Community College (VCC) to release any of the following items: Application information, Admission status, Letter of acceptance, Transcripts, Progress and Attendance records (if applicable) to:

- Agency (name of agent) Relative / Friend (name)
- Other Educational Institution (name) Applicant's Signature

5. Payment

A non-refundable CDN \$35 application fee **must be submitted with this form**. Applications received without the application fee will not be processed. A service charge for NSF or returned cheques will be assessed.

Payment Method	VISA	MasterCard	AMEX	Debit card	Debit transfer	Cash	Cheque	Money order
In person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Online at vcc.ca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A	N/A
On the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A
By mail	N/A	N/A	N/A	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>

6. Support for students with disabilities

Do you require additional support services due to a disability or medical condition? Yes No Not specified

To support you during your studies at VCC, please contact Disability Services at: 604.871.7000, option 2, Email: disabilityservices@vcc.ca or in person at either campuses to arrange an intake appointment.

Protection of privacy

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.

