

**PLEASE READ CAREFULLY**

Applicants for concurrent studies must first be approved/recommended by the secondary school principal or counsellor and parent. Once approval has been given, the following should be submitted to the Registrar's Office:

- A completed and signed **Concurrent Studies Consent Form**
- A completed and signed **Capilano University Application for Admission/Readmission** form (with applicable application fee)
- An official secondary school interim transcript

**PERSONAL INFORMATION**

LEGAL LAST NAME/FAMILY NAME	LEGAL FIRST NAME	DATE OF BIRTH (MM/DD/YY)
SECONDARY SCHOOL CURRENTLY ATTENDING		EXPECTED DATE OF GRADUATION
STUDENT SIGNATURE		DATE SIGNED

**UNIVERSITY COURSES STUDENT WISHES TO ENROL IN – Please ensure that you have the necessary course pre-requisites**

SEMESTER	YEAR	1 <sup>ST</sup> SUBJECT AND COURSE NUMBER (e.g. PSYC 100)	2 <sup>ND</sup> SUBJECT AND COURSE NUMBER (e.g. PSYC 100)
FALL SEMESTER Sept - Dec			
SPRING SEMESTER Jan - Apr			
SUMMER SEMESTER Term 1: May - June Term 2: Jul - Aug Full Term: May - Aug			

**Please note:** Once approved, this consent form will admit the student to the semester indicated above **ONLY**. If the student wishes to attend Capilano University for any subsequent semesters, they must submit an Application for Readmission.

**SUPPORTING COMMENTS FROM SECONDARY SCHOOL PRINCIPAL OR COUNSELLOR**


APPLICATION RECOMMENDED BY	PARENT/LEGAL GUARDIAN AUTHORIZATION
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SECONDARY SCHOOL PRINCIPAL OR COUNSELLOR: PRINT NAME	PRINT NAME
SIGNATURE	SIGNATURE
DATE	DATE

In signing this Concurrent Studies Consent form, I understand that this information may be used for the purposes of graduation, research, alumni and foundation office, student association, and other purposes consistent with the mandate of the institution. Capilano University 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 Concurrent Studies Consent Form. Your information is collected and used in compliance with the B.C. Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this information, contact the Registrar's Office at 604.984.4900.