

CONCURRENT STUDIES CONSENT FORM

Registrar's Office, Birch Building, room BR230, 2055 Purcell Way, North Vancouver, BC V7J 3H5

 Email: admissions@capilanou.ca

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: <ul style="list-style-type: none"> • 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	
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			
FALL TERM Sept - Dec	YEAR	1 ST SUBJECT AND COURSE NUMBER (e.g. PSYC 100)	2 ND SUBJECT AND COURSE NUMBER (e.g. PSYC 100)
	YEAR	1 ST SUBJECT AND COURSE NUMBER (e.g. PSYC 100)	2 ND SUBJECT AND COURSE NUMBER (e.g. PSYC 100)
SPRING TERM Jan - Apr	YEAR	1 ST SUBJECT AND COURSE NUMBER (e.g. PSYC 100)	2 ND SUBJECT AND COURSE NUMBER (e.g. PSYC 100)
	YEAR	1 ST SUBJECT AND COURSE NUMBER (e.g. PSYC 100)	2 ND SUBJECT AND COURSE NUMBER (e.g. PSYC 100)
SUMMER TERM Term 1: May - June Term 2: Jul - Aug Full Term: May - Aug	YEAR	1 ST SUBJECT AND COURSE NUMBER (e.g. PSYC 100)	2 ND SUBJECT AND COURSE NUMBER (e.g. PSYC 100)
	YEAR	1 ST SUBJECT AND COURSE NUMBER (e.g. PSYC 100)	2 ND SUBJECT AND COURSE NUMBER (e.g. PSYC 100)
<i>Please note: Once approved, this consent form will admit the student to the term indicated above ONLY. If the student wishes to attend Capilano University for any subsequent terms, they must submit an <i>Application for Readmission</i>.</i>			
SUPPORTING COMMENTS FROM SECONDARY SCHOOL PRINCIPAL OR COUNSELLOR			
APPLICATION RECOMMENDED BY		PARENT/LEGAL GUARDIAN AUTHORIZATION	
SECONDARY SCHOOL PRINCIPAL OR COUNSELLOR: PRINT NAME		PRINT NAME	
SIGNATURE	DATE	SIGNATURE	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.			