

STUDENT IDENTIFICATION

Have you ever attended Capilano University or Capilano College? <input type="checkbox"/> YES <input type="checkbox"/> No	Capilano University Student Number
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PERSONAL DATA
Full Legal Name Required: as it appears on birth certificate or passport

Legal Family Name	Legal Given Name	Legal Middle Name (if any)	Former Legal Surname (if any)
Date of Birth (DD/MM/YYYY)	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Country of Citizenship	First Language
Mailing Address Street Line 1		Street Line 2	
City	Province/State	Country	Postal Code
International Address (if different from above) Street Line 1		Street Line 2	
City	Province/State	Country	Postal Code
Local Phone Number (with area code)	Cell Phone Number (with area code)	International Phone Number	
Email Address (must be provided)			
Emergency Contact First /Last Name		Phone Number (with area code)	
Status in Canada <input type="checkbox"/> International Student <input type="checkbox"/> Exchange Student <input type="checkbox"/> Visitor <input type="checkbox"/> Working Holiday <input type="checkbox"/> Other:			
Study Permit Expiry Date (if any) : _____			
Personal Education Number (if any) *BC High School Only		Social Insurance Number (if any)	

PREVIOUS INFORMATION

Residency Place you lived in the previous year <input type="checkbox"/> In BC <input type="checkbox"/> In Another Province <input type="checkbox"/> In Another Country	Previous Activity Main activity during past year <input type="checkbox"/> Secondary school student <input type="checkbox"/> College student <input type="checkbox"/> University student <input type="checkbox"/> Unemployed seeking work <input type="checkbox"/> Employed <input type="checkbox"/> None of the above
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PREVIOUS EDUCATION: SECONDARY
Official transcripts are required from all schools attended / Secondary School Credential Received

Name of School 1	City/Province/ Country	Entered (MM/YYYY)	Left (MM/YYYY)
Name of School 2	City/Province/ Country	Entered (MM/YYYY)	Left (MM/YYYY)

PREVIOUS EDUCATION: POST

Name of School 1	City/Province/ Country	Degree/Diploma/Certificate obtained	Entered (MM/YYYY)	Left (MM/YYYY)
Name of School 2	City/Province/ Country	Degree/Diploma/Certificate obtained	Entered (MM/YYYY)	Left (MM/YYYY)
Name of School 3	City/Province/ Country	Degree/Diploma/Certificate obtained	Entered (MM/YYYY)	Left (MM/YYYY)

*For transfer credits, you must apply by filling out the Request for Transfer Credit form available at <http://www.capilano.ca/current/transfer/>

PROGRAM APPLIED FOR

First Choice: Program Name	Year	Term <input type="checkbox"/> Spring (Jan-Apr) <input type="checkbox"/> Summer (May-Aug) <input type="checkbox"/> Fall (Sept-Dec)
Second Choice: Program Name	Year	Term <input type="checkbox"/> Spring (Jan-Apr) <input type="checkbox"/> Summer (May-Aug) <input type="checkbox"/> Fall (Sept-Dec)

ABORIGINAL

Would you Describe Yourself as Aboriginal? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please choose one or more: <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit
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DISABILITY

Disability Services Requested? Contact 604.987.7526 or email disab-serv@capilano.ca

CREDIT CARD AUTHORIZATION

Card Holder's Name		Card Type	
		<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex	
Card Number	Card Security Code	Expiry Date	
Payment For:			
<input type="checkbox"/> Application Fee (\$135.00 CAD) <input type="checkbox"/> Deposit (\$5,000.00 CAD) <input type="checkbox"/> Tuition		Total Amount : \$ _____ CAD	
<input type="checkbox"/> Readmission (\$50.00 CAD) <input type="checkbox"/> Deposit for Sponsored Students (\$500.00 CAD)			
<input type="checkbox"/> Other: _____		Signature: _____	

RELEASE OF INFORMATION

All official permanent student records are confidential. Information will not be given to any agency or person, other than the student, unless the student has provided written permission. Students who have an agent or are sponsored by scholarship can authorize permissions as follows:

Do you have an educational representative or agent?		<input type="checkbox"/> Yes <input type="checkbox"/> No		CIE's Office Use Only	
Agent Name		Agency Name			
Phone Number (with area code)		Email Address			
Street Address		City		<input type="checkbox"/> I hereby authorize Capilano University to release admissions, registration and tuition information to my agent. Signature: _____	
Province/State	Country	Postal Code			
Will you be funded by a scholarship granting organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Contact's Name		Organization Name			
Phone Number (with area code)		Email Address			
Street Address		City		<input type="checkbox"/> I hereby authorize Capilano University to release admissions, registration, tuition and academic record information to my scholarship organization. Signature: _____	
Province/State	Country	Postal Code			

DECLARATION

I hereby declare that all information I have submitted in this application for admission is true and complete and that no information has been withheld to the best of my knowledge. I understand that any omission or misrepresentation of information may result in the cancellation of my admission or registration status at any of the institutions to which I am applying. I understand that falsifying documents or information on the application may result in immediate permanent dismissal from Capilano University and I accept that information on falsified documents, including the application for admission, is shared with other post-secondary institutions. I authorize the release of all B.C. secondary interim and final grades by the B.C. Ministry of Education to Capilano University and I agree that my name may be released to my school or school district for consideration for Capilano University Entrance Scholarships, if applicable. Completion and submission of this signed application permits Capilano University to request and/or confirm any information necessary to support my application for admission. Information collected on this application as well as subsequent information placed in my student record, as per section 35 of the Freedom of Information and Protection of Privacy Act of British Columbia, will be used on a confidential basis, for purposes of admission, registration, research, alumni development, student association, and other purposes consistent with the mandate of the institution. Capilano University reserves the right for the Registrar to share information with the Ministry of Advanced Education, Training and Technology, or other related government agencies. Any questions concerning the collection and use of this information should be directed to the Privacy Assistant: privacy@capilano.ca. If I am admitted to Capilano University I agree to familiarize myself with and comply with the most current rules, regulations, and policies of Capilano University during my tenure as a student at the University.

Cashier's Office Use Only

Signature of Applicant _____ Date (YYYY/MM/DD) _____

CIE Office Use Only	Agent Code	ESL Partner Code	EP Start Date	EP Current Level
	Scholarship	* For ESL Partners, please attach the third party release form.		

HOW TO APPLY

1 REVIEW THE ADMISSION CRITERIA FOR YOUR PROGRAM

All program applicants are required to:

- 1) Have equivalency to BC High school graduation
- 2) Meet the English language proficiency requirement

Certain programs also have additional requirements such as interviews, portfolios, special testing, or auditions. Consult the online calendar at <https://www.capilano.ca/current/calendar/> for specific program details.

2 APPLY

Apply online at www.capilano.ca/admission or complete a paper application

APPLICATION DEADLINES:

Term	Early Application* Deadline	Document Deadline
Fall (September)	March 31	May 31
Spring (January)	September 15	October 15
Summer (May)	January 31	February 15

*Early deadlines may exist for specific programs; please consult websites for specific departments/programs.

3 PAY YOUR NON-REFUNDABLE APPLICATION FEE OF \$135 CAD

4 SUBMIT DOCUMENTS

A: Submit unofficial documents

Students can be conditionally admitted based on unofficial documents. Scanned documents can be sent via email to inted@capilano.ca

B: Submit official documents

Original documents must be received by the Centre for International Experience 30 days prior to the start of your program.

*Official transcripts and official proof of graduation (stamped and signed by your school), with certified English translation for all secondary and postsecondary institutions attended.

English proficiency test score sent directly from the testing agency.

*Proof of English language proficiency is not required for applications to the ESL program.

Irreplaceable documents submitted will be returned to the student upon request after admission to the university.

5 CAPILANO UNIVERSITY ACKNOWLEDGES YOUR APPLICATION

You will be assigned a student number and a Capilano Webmail email address. Please check your Capilano Webmail account often for admission updates. You may also check your application status online (myCap) using this student number at www.capilano.ca/current

If your application is incomplete, you will be advised of outstanding document requirements if applicable. Provide these outstanding documents or complete testing as soon as possible to ensure that your application is evaluated for admission.

6 CAPILANO UNIVERSITY MAKES AN OFFER

Upon successful completion of admission requirements and selection, you will receive an offer of admission via email and mail.

7 PAY YOUR TUITION DEPOSIT TO ACCEPT THE OFFER OF ADMISSION

Pay your tuition deposit of \$5,000.00 CAD to accept the offer of admission and receive your immigration letter. This deposit is only required for your first semester at Capilano University and will enable you to register for courses in priority sequence. The tuition deposit amount will be deducted from your first semester tuition fees. Payments may be made either online, by mail or in person by cash, money order, bank wire transfer, Visa, MasterCard, American Express or debit card. For more information, please visit: <http://www.capilano.ca/fees/Payment-Options/>

Payment can be made by bank wire transfer to:

Capilano University
 Royal Bank of Canada
 1789 Lonsdale Avenue
 North Vancouver, BC V7M 2J6
 Institution #003
 Transit #04000
 Account #1069145
 SWIFT CODE: ROYCCAT2

**Please include your name and student number in the information box.*

8 APPLY FOR YOUR STUDY PERMIT

As an international student you must apply for a Study Permit from Citizenship and Immigration Canada (CIC). You must submit the letter of admission from Capilano University and the immigration letter to apply for a Study Permit. Visit: <http://www.cic.gc.ca/english/study/study.asp>

9 FOLLOW COURSE REGISTRATION INSTRUCTIONS

You will receive important information regarding registration with your letter of admission and via your Capilano Webmail account. Follow these instructions to register for courses online.

10 PREPARE FOR YOUR FIRST SEMESTER

Prepare for your first semester at Capilano University by visiting the Centre for International Experience website www.capilano.ca/international to find out about the International Welcome Week, the International Leadership & Mentorship Program, housing options and more.

QUESTIONS?

Please forward any questions about the Application for Centre for International Experience to inted@capilano.ca.

Only completed applications with required documentation will be processed. The first official contact will always be by mail. It is, therefore, important to maintain up-to-date information at the University. The University does not accept responsibility for problems caused by incorrect address information. This is an application for admission to Capilano University, and DOES NOT constitute or guarantee registration into a particular program or course. The University reserves the right to limit enrolment in any program or course.

USE OF PERSONAL INFORMATION NOTIFICATION

Personal information on your student record will be used to verify your Personal Education Number (PEN) or to assign one to you. The PEN is a nine digit number assigned to each student as they enter the British Columbia education system. This identification number follows the student through their K-12 and post-secondary education. This number is used for multiple purposes including the distribution of funding to schools, transition analysis between schools, districts and post-secondary education, exams and student reporting.

The Freedom of Information and Protection of Privacy Act guarantees the privacy of information that is collected, regulates how it is collected and who has access to it. The PEN program follows the guidelines set out by the Freedom of Information and Protection of Privacy Act http://www.cio.gov.bc.ca/cio/priv_leg/foipppa/foipppa_guide.page

If you have any questions about the use of the PEN, please contact the Privacy Assistant in writing at privacy@capilano.ca.