



Lansdowne Campus
3100 Foul Bay Rd. Victoria BC V8P 5J2

Interurban Campus
4461 Interurban Rd. Victoria BC V9E 2C1

1-877-554-7555 (Toll-free) or 250-370-3550

Have you applied to or attended Camosun College before?
 Yes No

If yes, what is your CAMOSUN COLLEGE STUDENT NUMBER
C _ _ _ _ _

PERSONAL INFORMATION (please print clearly)

LEGAL LAST NAME	FORMER LAST NAME (if applicable)	MIDDLE NAME(S) <input type="checkbox"/> Check if you have none
LEGAL FIRST NAME	PREFERRED FIRST NAME (if applicable)	
CITIZENSHIP STATUS <input type="checkbox"/> Canadian If you are not a citizen of Canada, please select your official status in Canada: <input type="checkbox"/> Permanent Resident/Landed Immigrant (documentation required) <input type="checkbox"/> Other (please specify) _____		SOCIAL INSURANCE NUMBER (Optional*) _ _ _ - _ _ - _ _ _
<i>International students please contact Camosun College International to obtain an application package: 250-370-3682 or 250-370-4812.</i>		DATE OF BIRTH _ MM / _ DD / _ YYYY
		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female

CURRENT MAILING ADDRESS

NUMBER/STREET	CITY	
PROVINCE	POSTAL CODE	EMAIL ADDRESS
HOME PHONE NUMBER _ _ - _ - _	BUSINESS PHONE NUMBER _ _ - _ - _ Local/Ext. # _	CELL PHONE NUMBER _ _ - _ - _

EMERGENCY CONTACT

CONTACT NAME	CONTACT PHONE NUMBER _ _ - _ - _ Local/Ext. # _
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PROGRAM CHOICE(S)

Please ensure you clearly understand the academic and non-academic admission requirements for programs and courses

FIRST CHOICE	SECOND CHOICE (optional)
<i>Enter the specific program name as shown in the Camosun College calendar: camosun.ca/calendar</i>	
PROGRAM NAME	PROGRAM NAME
SPECIALIZATION OR MAJOR (if applicable)	SPECIALIZATION OR MAJOR (if applicable)
Year / Level	Year / Level
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
PREFERRED START DATE _ MM / _ YYYY	PREFERRED START DATE _ MM / _ YYYY

ACADEMIC HISTORY

SECONDARY SCHOOL EDUCATION (HIGH SCHOOL)
 Complete section A or B

If you attended a BC/Yukon K-12 school since 1993, or wrote a provincial exam since 1986, obtain your Personal Education Number (PEN) from: a) your current, or most recent graduating school or b) the top right corner of your official BC Ministry transcript. If you attended a BC public post-secondary institution since 1998, you may have a PEN. To obtain your PEN contact your institution's Records Department. If you do not have a PEN, you will need to submit your official transcript(s). A PEN is not a requirement to complete an application.

A <input type="checkbox"/> Currently attending High School in BC/Yukon PEN# _____	CURRENT GRADE	WILL YOU BE GRADUATING? <input type="checkbox"/> Yes <input type="checkbox"/> No	EXPECTED GRAD DATE _ MM / _ YYYY
SECONDARY SCHOOL NAME	CITY	PROVINCE	COUNTRY (if not Canada)
B <input type="checkbox"/> Not currently attending high school PEN# _____	HIGHEST GRADE ATTENDED	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	LAST DATE ATTENDED _ MM / _ YYYY

* While it is not mandatory that you supply us with your SIN, it helps us to ensure the accuracy and completeness of your transcript and your tuition tax receipt.

POST-SECONDARY EDUCATION (COLLEGE and/or UNIVERSITY)

SCHOOL NAME	CITY / PROVINCE / COUNTRY	DATES ATTENDED MM / YYYY to MM / YYYY
SCHOOL NAME	CITY / PROVINCE / COUNTRY	DATES ATTENDED MM / YYYY to MM / YYYY

To request credit assessment at Camosun College for course(s) taken at another institution (transfer credit) to meet prerequisite requirements or credential requirements, **you must submit official transcripts**. For dated or out-of-province transcripts, you may be required to submit course outlines. Transcripts from out-of-country must be accompanied by official course outlines (if in languages other than English, you must include official translations into English).

VOLUNTARY DISCLOSURE

By completing this section you indicate you understand that you *may* be contacted by the school based on the information you provide.

Are you of **Aboriginal** ancestry? (First Nations, Métis or Inuit) Yes No
If Yes, are you First Nations Status First Nations Non-Status Inuit Metis

Do you require additional support services due to a disability? Yes No
Note: It is your responsibility to request support by contacting the Disability Resource Centre www.camosun.ca/drc

What has been your **main activity** during the previous year?
 Attending high school Attending college Attending university Attending another educational institution
 Working Other

My **primary reason** for attending Camosun College is: (*indicate only one*)

- | | |
|---|--|
| <input type="checkbox"/> To complete an associate degree, diploma, or certificate | <input type="checkbox"/> To improve existing job skills |
| <input type="checkbox"/> To complete a Camosun College bachelor degree | <input type="checkbox"/> To decide on a career or change careers |
| <input type="checkbox"/> To prepare to transfer to another institution | <input type="checkbox"/> To improve basic skills (upgrading) |
| <input type="checkbox"/> To qualify to enter another program | <input type="checkbox"/> Personal interest/self-development |
| <input type="checkbox"/> To learn new job skills | <input type="checkbox"/> Other |

APPLICANT DECLARATION

The personal information you provide and any other personal information placed on your student record will be protected and used or disclosed in compliance with the *Freedom of Information and Protection of Privacy Act*. The *Freedom of Information and Protection of Privacy Act* states that we may not release any personal information pertaining to a student record to anyone other than the student owner of the record without permission. A 'Permission to Release Information' form, available from Student Services and camosun.ca, must be signed by the student in order to provide access or release information to any other person. However, Camosun College may be required to disclose a student's personal information if it becomes aware of compelling circumstances where there is a risk to the health and safety of the student or of others.

Please read the following before signing:

1. I declare that the information contained in this application is to the best of my knowledge complete and correct.
2. I agree to abide by the rules and regulations of the College.
3. I understand and agree that acceptance of this application in no way guarantees admission to the program or course and that this application is subject to the availability of seats. I understand and agree the College reserves the right to modify or cancel any program or course without notice or prejudice.

Signature of Applicant

Date

APPLICATION FEE

Payment of \$35 is due with this application.

- | | |
|---|--|
| <input type="checkbox"/> Cheque or Money Order (<i>attached</i>)
Payable to Camosun College | <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> JCB |
| <input type="checkbox"/> Sponsorship
Sponsoring Agency Approval of Fees form (<i>attached</i>) | Card No: _____ Expiry ____ / ____
Name of Card Holder: _____ |

OFFICE USE ONLY

COMMENTS

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