



**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?

- No  
 Yes. Please provide your Camosun College Student Number:

**C** \_ \_ \_ \_ \_

## PERSONAL INFORMATION (please print clearly)

LEGAL LAST NAME		FORMER LAST NAME (if applicable)	
LEGAL FIRST NAME	PREFERRED FIRST NAME (if applicable)	MIDDLE NAME(S)	Check if you have none <input type="checkbox"/>
CITIZENSHIP STATUS <input type="checkbox"/> Canadian			
If you are not a citizen of Canada, please select your official status in Canada (documentation required):			
<input type="checkbox"/> Permanent Resident/Landed Immigrant, document number: _____			
<input type="checkbox"/> Other Visa or Permit, specify and provide document number: _____			
<input type="checkbox"/> Refugee / Convention Refugee, document number: _____			
<input type="checkbox"/> Live In Care Giver, document number: _____			
<i>International students please contact Camosun International to obtain an application package. Telephone: 250-370-3682 or 250-370-4812.</i>			

DATE OF BIRTH M M / D D / Y Y Y Y	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	SOCIAL INSURANCE NUMBER (optional*) _ _ _ _ - _ _ _ _ - _ _ _ _	*Providing your SIN helps us to ensure the accuracy and completeness of your transcript and your tuition tax receipt.
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## CURRENT MAILING ADDRESS

NUMBER/STREET	CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE NUMBER _ _ _ - _ _ _ - _ _ _	CELL PHONE NUMBER _ _ _ - _ _ _ - _ _ _	EMAIL ADDRESS	
BUSINESS TELEPHONE NUMBER _ _ _ - _ _ _ - _ _ _ Local/Ext. # _____		Your email address is required so that we may communicate important information to you.	

## EMERGENCY CONTACT

CONTACT NAME	CONTACT PHONE NUMBER _ _ _ - _ _ _ - _ _ _ Local/Ext. # _____
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## PROGRAM CHOICE

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

PROGRAM NAME (as shown in the Camosun College calendar: <a href="http://camosun.ca/calendar">camosun.ca/calendar</a> )		SPECIALIZATION / MAJOR (if applicable)	
YEAR / LEVEL <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Other _____	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	PREFERRED START DATE M M / Y Y Y Y	

## ACADEMIC HISTORY

### SECONDARY SCHOOL EDUCATION (HIGH SCHOOL)

Complete section A or B

#### A Currently attending High School

BC Personal Education Number (PEN) if known _ _ _ _ _	CURRENT GRADE	WILL YOU BE GRADUATING? <input type="checkbox"/> Yes <input type="checkbox"/> No	EXPECTED GRAD DATE M M / Y Y Y Y
SECONDARY SCHOOL NAME	CITY	PROVINCE	COUNTRY (if not Canada)

#### B Not currently attending High School

BC Personal Education Number (PEN) if known _ _ _ _ _	HIGHEST GRADE ATTENDED	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	LAST DATE ATTENDED M M / Y Y Y Y
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## POST-SECONDARY EDUCATION (COLLEGE and/or UNIVERSITY)

SCHOOL NAME	CITY / PROVINCE / COUNTRY	CREDENTIAL AWARDED
SCHOOL NAME	CITY / PROVINCE / COUNTRY	CREDENTIAL AWARDED

## TRANSCRIPTS

Official paper transcripts must be submitted in an envelope sealed by the sending secondary (high school) and/or post-secondary institution(s). All transcripts submitted become the property of Camosun College and will not be returned.

## 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](http://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                                   |

## DECLARATION

The personal information on this form and other personal information which forms part of your student record is collected under the legal authority of College and Institutes Act, [RSBC 1996] c.52, and the Freedom of Information and Protection of Privacy Act [RSBC1996] c. 165. The information is used for administrative and statistical research purposes of the College and/or the ministries or agencies of the Government of British Columbia and the Government of Canada. The information will be protected, used, and disclosed in compliance with those acts. Except as provided in the foregoing, the personal information collected on this form and other personal information which forms part of your student record will not be disclosed to any other person without your consent. A "Permission to Release Information" form, available from Student Services and [camosun.ca](http://camosun.ca), must be signed in order for Camosun College to provide access or release your personal information to any other person. However, Camosun College may be required to release 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 others. For further information, please contact the college's Privacy Officer by phone at (250) 370 – 3016 or by e-mail at [brindle@camosun.bc.ca](mailto:brindle@camosun.bc.ca).

**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 \$36.41 is due with this application.**

- |   |  |
|---|--|
| <input type="checkbox"/> Cheque or Money Order ( <i>attach</i> )<br>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<br>Sponsoring Agency Approval of Fees form ( <i>attach</i> ) | Card No: _____ Expiry <sup>MM</sup> / <sup>YY</sup>  |
| <input type="checkbox"/> Cash ( <i>in person</i> )  | Name of Card Holder: _____   |
| <input type="checkbox"/> Debit ( <i>in person</i> )   |  |