



APPLICATION FOR ADMISSION

Office of the Registrar

3700 Willingdon Avenue, Burnaby, BC V5G 3H2

Tel 604.434.1610

Toll Free (US and Canada only) 1.866.434.1610

bcit.ca

GRAD TRANS USE ONLY

OFFICE USE ONLY

Application Fee Received		BCIT ID Searched											
Have you ever attended BCIT? <input type="radio"/> No <input type="radio"/> Yes — <input type="radio"/> Part-time <input type="radio"/> Full-time		Your BCIT Student Number <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;">A</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>		A	0	0							
A	0	0											
Have you ever applied to BCIT? <input type="radio"/> No <input type="radio"/> Yes		Date of Birth (mandatory) Day Month Year <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>											
First time at BCIT? A student number will be created for you.		Personal Education Number (PEN*) if known <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table> <small>* For Canadian citizens and permanent residents only.</small>											
Social Insurance Number* (SIN) <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table> <small>* For tax purposes only</small>													
Legal Last Name	Legal First Name	Middle Name/Initial	Preferred First Name										
Mailing Address (number/street)	City	Province	Home Phone										
Country	Postal Code	Work Phone											
Email	Previous Last Name (maiden name)	Cell Phone											
Emergency Contact Information Relationship _____ Name _____ Phone _____		Please select your citizenship <input type="radio"/> Canadian citizen <input type="radio"/> Landed immigrant/permanent resident <input type="radio"/> Study permit/international student <input type="radio"/> Diplomatic Status <input type="radio"/> Minister's Permit <input type="radio"/> Visitor's Visa <input type="radio"/> Other Visa											
		Gender (mandatory) <input type="radio"/> Male <input type="radio"/> Female											
		Is English your primary language? <input type="radio"/> Yes <input type="radio"/> No If no, what is your primary language? _____											
		Will you have been a resident of BC for 12 months prior to the start of the program you've applied for? <input type="radio"/> Yes <input type="radio"/> No If no, please indicate place of residence. _____											
Do you identify yourself as an Aboriginal person; that is, First Nations, Métis, or Inuit? <input type="radio"/> Yes <input type="radio"/> No If you identify yourself as an Aboriginal person, are you (please check all that apply) <input type="radio"/> First Nations <input type="radio"/> Métis <input type="radio"/> Inuit													

Last Secondary School Attended	Location	From	To	Grade/Level Complete

Post-secondary School(s) Attended	Location	From	To	Years Completed	Credential Earned

PROGRAM OF INTEREST (Please indicate an option for Marketing Management and Broadcast Communications. For Technology Entry, please indicate the program you are interested in attending as a follow up.)			Entry Term <input type="radio"/> ASAP <input type="radio"/> Fall <input type="radio"/> Spring <input type="radio"/> Winter	
First Choice	Option (if applicable)	<input type="radio"/> Full-time <input type="radio"/> Part-time <small>(does not apply to all programs)</small>		
Second Choice	Option (if applicable)	<input type="radio"/> Full-time <input type="radio"/> Part-time <small>(does not apply to all programs)</small>	Level/Term (Only required for student seeking entry into advanced placement or readmission to a program)	

Consent to release personal information (optional)

Please sign this consent if you want another person, family member, employer or agency to have access to your BCIT admissions, registration and/or academic history. I authorize BCIT to release my personal information concerning admissions, registration and/or academic history to the person or agency listed below for the period starting from today until the completion of my studies at BCIT.

Name/Organization _____

Relationship to you _____ Signature _____

PLEASE READ CAREFULLY BEFORE SIGNING. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS.

I agree that this application, my relationship with BCIT, any disputes arising there from, will be governed by and construed in accordance with the laws of British Columbia and laws of Canada applicable in British Columbia, that the British Columbia courts will have exclusive and preferential jurisdiction over any complaint, demand, claim, proceeding or cause of action arising out of this application or my relationship with BCIT, and that, if I commence such proceedings, I will do so only in British Columbia, and will submit to the exclusive and preferential jurisdiction of British Columbia.

I hereby declare that the information I submitted on this application is true and correct. Completion of this signed application authorizes BCIT to request information necessary to support my application for admission. I understand that BCIT has a right to cancel this application if the information contained in it has been misrepresented. If I am admitted to BCIT, I agree to abide by its policies and regulations.

Signature _____ Date _____

A non-refundable CDN \$60.00 application fee (CDN \$150.00 for international applicants) MUST be included with this form. You can pay by cheque, money order, American Express, VISA or MasterCard. Cash and debit cards are accepted in person only. A service charge for any NSF or returned cheque will be assessed. Applications received without the application fee will not be processed.

Student Name	Student Number
<input type="radio"/> VISA <input type="radio"/> MasterCard <input type="radio"/> American Express	Number _____ Expiry Date _____
<input type="radio"/> Personal cheque enclosed <input type="radio"/> Money order enclosed / Amount: <input type="radio"/> \$60 <input type="radio"/> \$150	<input type="radio"/> Canadian citizen <input type="radio"/> Permanent resident <input type="radio"/> Study permit/international student