Continuing Studies Program Application

Certificate or Diploma Programs Only

Centre for Continuing Studies
Downtown Campus
250 West Pender St, Vancouver, B.C. V6B 1S9
Tel 604.443.8484 Fax 604.443.8393

vcc.ca/cs

1. Program Choice

Name of Program (See vcc.ca/programs for a list of programs) : .....

All programs with entrance requirements must have official transcripts and supporting documents attached to this application form.

I already have a Vancouver Community College (VCC) student number ☐ Yes ☐ No

If yes - please enter your student number here: .....

2. Personal Information

All official VCC correspondence will be mailed to the address supplied on this form. VCC cannot be held responsible for misdirected mail.
Change of address / telephone number may be made online or in writing to the Continuing Studies Office.

Legal Last Name (Family Name) ..... Legal First Name .....

Middle Name(s) ..... Preferred First Name ..... Previous Last Name (if applicable) .....

Apartment Number / Address .....

Town / City ..... Province .....

Postal Code ..... Country .....

( ) ..... ( ) .....

Daytime Phone ..... Other Phone .....

Date of Birth (MM/DD/YYYY) ..... Gender: ☐ Female ☐ Male

Email Address ..... Social Insurance Number (optional) .....

Your Citizenship Status

Citizenship / VISA Type ..... Citizenship / VISA Identification Number ..... Issue Date (MM DD YYYY) ..... Expiration Date (MM DD YYYY) .....

Citizenship Country ..... Birth Country ..... Native Language .....

VCC is dedicated to Aboriginal student success. An Aboriginal person is identified as "an Indian, Métis or Inuit person of Canada" [Constitution Act of 1982, Part II, Section 35(2)]

☐ **I wish to be identified as an Aboriginal person.**

If you have chosen to identify as an Aboriginal person, for statistical purposes we invite you to select one or more of the three options that best describes your Aboriginal identity:

☐ Indian/First Nations (include status, non-status, treaty and non-treaty) ☐ Métis ☐ Inuit

☐ Please contact me regarding Aboriginal student support and services.

Who should VCC contact in case of emergency:

Name ..... ( ) ..... Phone Number

DECLARATION

1. I understand that submission of this application does not guarantee admission to a program or course, and that admission is subject to meeting VCC's entrance requirements and space availability.
2. I agree to abide by the rules and regulations of VCC as published on the VCC website, and those of the department and program in which I shall be registered and any changes which may be made while I am a student at VCC.
3. I certify that the information I have provided in this application is complete and accurate and may be verified by VCC. I understand that falsifying any documents or information submitted will result in immediate cancellation of my admission or registration at VCC.

Signature ..... Date .....

OFFICE USE ONLY

■ Active _____ DATE _____ ■ Acceptance Letter sent _____ DATE _____

■ Accepted _____ DATE _____ ■ Postponed _____ DATE _____

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3. Education History

Proof of name change is required if documents submitted are in a different name. All documents submitted become property of VCC.

BC examination or PEN number (Personal Education Number) *if known* : .....

Have you graduated from high school (secondary, GED) in any Country? ☐ yes ☐ no

Name of last high school attended	City	Province	Last date attended (Month/year)	Highest grade completed *(10, 11, 12)*

Previous post-secondary institution(s) attended	City	Province	Last date attended (Month/year)	Program

Support for students with disabilities

To support you during your studies at VCC please contact Disability Services to arrange an intake appointment: 604.871.7204.
Please note it can take 4 months to arrange educational accommodations.

4. Payment

A non-refundable CDN $30 application fee MUST be submitted with this form. You can pay by cheque, money order, Visa, Mastercard or Amex. Cash and debit cards are accepted in person only. A service charge for NSF or returned cheques will be assessed. Applications received without the application fee will not be processed.

Student Name ..... Name on credit card (if different) .....

Payment Type: ☐ Visa ☐ Master Card ☐ American Express ☐ Personal Cheque ☐ Money Order

Credit Card Number ..... Expiry Date (Month /Year) .....

Cardholder's Signature ..... Total fees (CDN $) .....

Protection of Privacy

Vancouver Community College (VCC) collects and retains student personal information under the authority of the College and Institute Act. The information will be used to admit, register and graduate students, record academic achievement, issue library cards, administer and operate academic, alumni and other College programs and other purposes consistent with the mandate of the College. Information on admission, registration and academic achievement may also be disclosed and used for statistical and research purposes by the College, other post secondary educational institutions, the Industry Training Authority and the provincial government. Personal information provided for admission and registration and any other information placed into the student record will be collected, protected, used, disclosed and retained in compliance with British Columbia's Freedom of Information and Protection of Privacy Act (R.S.B.C. 1996, c. 165). In addition to collecting personal information for its own purposes the College collects specific and limited personal information on behalf of the Students' Union of Vancouver Community College (SUVCC). The SUVCC uses this information for the purpose of student elections. Please contact the SUVCC office if you have any questions about its collection, use and disclosure of the information. If you have any questions about the collection, use and disclosure of your personal information by VCC, please contact the Registrar, Vancouver Community College, 1155 East Broadway, Vancouver, BC V5T 4V5. Phone 604.871.7000.

5. Additional Information for Continuing Studies Program Applications

For ALL Continuing Studies Certificate and Diploma programs, please respond to the following questions:

How did you hear about the program? (Continuing Studies flyer, web, word of mouth, advertising)

Tell us in 100 words (maximum), why you are applying for this program (attach a separate page if necessary).

Indicate your employment history and current workplace.

Describe any work or volunteer experience that relates to the program for which you are applying.

Do you have any recognized industry certifications? if so, please list:

Have you met all the application requirements for the program to which you are applying?

(All programs with entrance requirements must have transcripts and supporting documents attached to this application form)

☐ Yes ☐ No

These can be found online at **www.vcc.ca** under the specific program, by calling the Continuing Studies Office at **604.443.8484**, or by attending a program information session.

vcc.ca/cs

VANCOUVER COMMUNITY COLLEGE