

Please type in fields, then print and sign before submitting.

KPU	DESIRED PARTNERSHIP PROGRAM			
	Select one:			
	TRN Carpentry	TRN Millwright	TRN Welding	
Application for Admission	CTC CADD	TRN Piping	TRN Other	
High School Dual Credit Programs	TRN Masonry	TRN Plumbing	Delta Farm Roots	
APPLICATION APPROVED BY	Langley XCEL	High School on Campus	Aboriginal High School on Campus	
School District: (to be filled in by School District rep only)	Start Term:	Spring Summer	Start Year:	

FULL LEGAL NAME (NO INITIALS)				
Surname		Former Surname		
(Legal Last/Family name)		(if applicable)		
Legal Given	Legal Given		Preferred	
First Name	Middle Name		First Name	
			Preferred name is displayed in KPU's e-learning environment	

CONTACT INFORMATION				
Email Address				
Mailing Address		City / Municipality		
Province	Postal Code	Home Telephone		Cellular/Mobile Phone

PERSONAL INFORMATION	CITIZENSHIP STATUS	OPTIONAL
*Gender All INFORMATION *Gender All All Female * Date of Birth D MM YMM * Gender and date of birth are required for you to access the online student system and for identification purposes.	CILIZENSHIP STATUS Country of Citizenship First Language Country of Birth Country of Birth Citizenship Status* Canadian Citizen Permanent Resident (landed Immigrant) Approved Convention Refugee Minister's Permit Diplomat or Dependent	KPU 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
	L Not a Citizen of Canada *Legal documentation may be required	and services

EMERGENCY CONTACT				
Surname (Legal Last/Family name)	Legal Given First Name	Telephone		
ADDITIONAL INFORMATION				
I am requesting information on student services related to:				
Illness or disability Students with children	Scholarships and financial assistance			

SECONDARY SCHOOL EDUCATION (HIGH SCHOOL)

When will you graduate from Secondary (High) School? ____

Personal Education Number (BC only)

School Name _

Location

LEGAL

I certify that all statements on this application are true and complete and that no information has been withheld. I understand that any misrepresentation of this may result in the cancellation of my admission or registration status and that falsifying documents or information on the application may result in immediate permanent dismissal from Kwantlen Polytechnic University. Completion of this signed application permits Kwantlen Polytechnic University to request and/or confirm any information necessary to support my application for admission.

I authorize the release of all British Columbia secondary school interim and final grades by the British Columbia Ministry of Education to Kwantlen Polytechnic University. If I am admitted to Kwantlen Polytechnic University, I agree to familiarize myself with and to abide by the most current policies of the University during my tenure as a student at the University.

In signing this application for admission, I understand that this information, along with subsequent information placed in my student records will be used for the purposes of admission, registration, graduation, research, alumni and development, student association and other purposes consistent with the mandate of the institution. Kwantlen Polytechnic University reserves the right for the Registrar to share information with the Ministry of Advanced Education, Training and Technology, or other related government agencies and dual enrolment partners. Kwantlen Polytechnic University also reserves the right for the Registrar to share information on their Application for Admission. The use of this information will be in compliance with the Freedom of Information and Protection of Privacy Act. The information on the admission form is being collected under the authority of the University Act.

Signature:___

Date: ____

FOR OFFICE USE ONLY (Do not write in shaded areas)			
Date	Entered By:		Initials
Comments			
		KPI I Student ID#	