



FILL IN THIS FORM DIGITALLY, SAVE A COPY TO YOUR COMPUTER, AND PRINT A COPY FOR SUBMISSION.

TO APPLY

You must submit a package consisting of (1) this 2-page application form, completed and signed; (2) a brief cover letter indicating the courses you are interested in taking and what your academic goals are; (3) a letter of recommendation from your school principal or designate; and (4) an official copy of your academic record. Please assemble all 4 documents and mail as a complete package to:

Concurrent Studies
Director, Admissions, Student Services
Simon Fraser University
8888 University Drive
Burnaby BC Canada V5A 1S6

YOUR PERSONAL DATA (PLEASE PRINT CLEARLY)

Last or family name _____ Given names (in full as on birth certificate) _____

Preferred given name _____ Former last or family name (if applicable) _____

Gender Male Female

Date of birth (year/month/day) _____ What is your primary language? English other (specify) _____

If your primary language is not English, have you taken English as a Second Language courses (ESL) in the past four years? No Yes

Have you taken the language tests TOEFL or IELTS? No Yes: What is your best overall TOEFL and/or IELTS score? _____

Social Insurance Number (Canada only) _____ Personal Education Number (BC only) _____

Are you a Canadian citizen? No Yes If you are not a Canadian citizen, what is your country of citizenship? _____

Do you have Permanent Resident status in Canada? (documentary proof required) No Yes

You are encouraged to declare your Aboriginal ancestry to assist the University in providing culturally-appropriate services, although your response to the following question is optional. Are you of First Nations ancestry (Aboriginal, Métis, Inuit)? No Yes

YOUR MAILING ADDRESS

Street number and name _____ Apartment # _____

City _____ Province _____ Country _____ Postal Code _____

Telephone, evening () _____ day () _____ Email address _____

Note: It is strongly recommended that you provide an email address.

IN CASE OF EMERGENCY, PERSON WE SHOULD CONTACT

Street number and name _____ Apartment # _____

City _____ Province _____ Country _____ Postal Code _____

Telephone, evening () _____ day () _____ Email address _____

Relationship to you _____



TERM YOU INTEND TO TAKE COURSES AT SFU

- Fall Term (September to December); April 30 application deadline
- Spring Term (January to April); September 30 application deadline
- Summer Term (May to August); January 31 application deadline

Which courses do you intend to take? You may take one or two university courses only while still attending secondary school.

Course number (e.g. PHYS 100-3)

Course title (e.g. Introduction to Physics)

YOUR ACADEMIC HISTORY

You must include in your submission an official high school transcript. Your application for Concurrent Study will not be processed until we receive all official documents and fees. All official documents must be sent directly to us from the issuing institution. Photocopies and certified copies are not acceptable. You **MUST** report below attendance at all previous educational institutions, listing all schools you attended for the last **FOUR** years of your secondary schooling (official transcript showing proof of your graduation may be required).

Name of school you attend currently

Location (city/town)

Current high school grade you're in

Name of previous schools you attended

Location (city/town)

High school grade/time period

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

The information on this form is collected under the authority of the University Act (RSBC 1996 c.468 s27[4]) and is needed to process your application for concurrent study. The information will be used to verify qualifications and decide your eligibility for admission. The personal information you provide on this form may be released for authorized statistical and research purposes only. Upon admission and enrollment in classes, this information will form part of your student record, and will be used to document your progress. If you have any questions about the collection and use of this information, contact the Director, Admissions, Student Services, 778.782.3498.

PERMISSION TO RELEASE PERSONAL INFORMATION

If you anticipate that a family member, friend, or other person may require that we disclose your information to that person, we require your written permission. "I hereby consent to the release of information concerning my application for admission to:

NAME _____ RELATIONSHIP TO YOU _____

DECLARATION OF APPLICANT

I certify that all statements on this application are complete and true. I hereby give SFU permission to verify my qualifications. If the authenticity of the information I have submitted cannot be verified, I consent to the notification of this fact to member institutions of the Association of Universities and Colleges of Canada.

SIGNATURE _____ DATE _____

APPLICATION FEE (Do not mail cash. We are not responsible for payment lost in the mail.)

I have enclosed the application fee \$45 IN THE FORM OF a cheque/money order made payable to "Simon Fraser University" **OR**

VISA or MasterCard information: Card number _____ Expiry date _____

Name on card _____ Cardholder signature _____