

EMILY CARR

UNIVERSITY OF ART + DESIGN

EMILY CARR UNIVERSITY APPLICATION FOR ADMISSION HEADSTART COQUITLAM

FAMILY LAST NAME	FIRST NAME	MIDDLE NAME
PREFERRED NAME		EMAIL
STREET NAME AND ADDRESS		
CITY	PROVINCE	COUNTRY
POSTAL CODE	HOME PHONE	CELL PHONE
GENDER IDENTITY <input type="checkbox"/> WOMAN <input type="checkbox"/> MAN <input type="checkbox"/> NON-BINARY <input type="checkbox"/> NOT SPECIFIED <input type="checkbox"/> CHOOSE NOT TO DISCLOSE		
BIRTH DATE: YEAR ____ MONTH ____ DAY ____		
CITIZENSHIP <input type="checkbox"/> CANADIAN <input type="checkbox"/> LANDED/PERM. RESIDENT <input type="checkbox"/> INTERNATIONAL FROM: _____		
ABORIGINAL STATUS (OPTIONAL DISCLOSURE) DO YOU IDENTIFY AS AN ABORIGINAL PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU IDENTIFY AS AN ABORIGINAL PERSON ARE YOU <input type="checkbox"/> FIRST NATIONS <input type="checkbox"/> METIS <input type="checkbox"/> INUIT ARE YOU REGISTERED UNDER THE INDIAN ACT OF CANADA (STATUS). <input type="checkbox"/> YES <input type="checkbox"/> NO		
MY PRIMARY LANGUAGE IS <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER. _____		
EMERGENCY CONTACT NAME: _____ PHONE NUMBER: _____		
HIGH SCHOOL ATTENDING _____ GRADE _____		
BC STUDENT PEN # _____ SIGNATURE _____		

Please scan and email your completed application form plus a copy of your Diploma Verification Form to: EMAIL admissions@ecuad.ca

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PARENT/GUARDIAN PERMISSION FORM

COURSE NAME: Headstart in Art course

Emily Carr University requires a completed permission form from the parent or legal guardian for all Headstart in Art students who are under legal age (18 years) at the beginning of the course. Students must submit this form with their program application to their high school counsellor's office in order to be eligible for admission into the Headstart in Art Program.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

PARENT/LEGAL GUARDIAN INFORMATION (please print):

FIRST NAME: _____ LAST NAME: _____

STREET ADDRESS: _____

CITY: _____ POSTAL CODE: _____

DAYTIME PHONE: _____ EMAIL: _____

I, (parent/legal guardian) _____

authorize (print applicant name)

to participate in the Headstart in Art course offered by Emily Carr University of Art + Design.

I have read and understood the HEADSTART IN ART POLICIES AND PROCEDURES

SIGNED (parent/legal guardian): _____ DATE: _____

PLEASE NOTE: This document will remain valid for the duration of your studies at Emily Carr University unless otherwise notified in writing.

MODEL WAIVER FORM

Please note that the Headstart in Art course may offer classes involving a live, undraped (nude) model. Drawing from a live, undraped model is a very important aspect of learning human anatomy, line/tone/form skills, and gestural drawing approaches. Live model drawing is an unparalleled way of gaining an understanding of how to translate the observation of human form into drawings, and how drawing from live models relates to historical and contemporary art practices. Students may be drawing from both a male and female model, for a maximum of 2 classes.

The University requires a waiver from the parent or legal guardian for all students who wish to participate in this section of the course. Those who do not submit the signed waiver, or who are not comfortable participating in this section of the course, will be assigned coursework in place of this live model drawing class.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

YES I, (parent/legal guardian) _____
authorize (print name) _____
to participate in the undraped model portion of Headstart in Art.

I, (applicant) _____
understand that I may be observing and drawing from a live, undraped model during the Headstart in Art course.

NO I do not authorize participation in the undraped model portion. I understand that alternate course work will be required.

SIGNED (parent/legal guardian): _____
DATE: _____

SIGNED (applicant): _____
DATE: _____

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Pursuant to the Freedom of Information and Protection of Privacy Act, we require any request to release a student's record to anyone other than the student be authorized in writing by the student.

Please complete the following information:

I, _____ authorize my student record information

to be released to:

(name and relationship)

Signed: _____

Date: _____

This document will remain valid for the duration of your studies at Emily Carr University unless otherwise notified in writing.