

CAPILANO UNIVERSITY (CAPU)

APPLICATION FORM

STUDENT INFORMATION

Applicant Information

First Name: _____
Middle Name(s): _____
Last Name: _____
Preferred First Name: _____
Former Last Name: _____
Email Address: _____

Gender: Male
 Female

Date of Birth: Year: _____ Month: _____ Day: _____

Primary Language spoken at Home: _____

Country of Citizenship: _____

What will your Status in Canada be? Study Permit
 Visitor

Student's Permanent Address in Home Country (e.g. at parents')

Country: _____
Street and Number: _____
City: _____
Postal Code: _____
Mobile Phone Number: (+ country code!) _____
Home Phone Number: (+ country code!) _____

Emergency Contact

First Name: _____

Last Name: _____

Relationship to Student
(e.g. mother) _____

Phone Number(s): _____ (+ country code!)

Email Address: _____

ACADEMIC HISTORY

Secondary Education: High School (where the highest school degree was obtained)

Name: _____

City: _____

Country: _____

Dates of Attendance: From: (MM/YYYY) _____ To: (MM/YYYY) _____

How many years (Jahrgangsstufen) of school did you complete? _____

What degree did you obtain? (e.g. Abitur) _____

Post-Secondary Education: University/College (Please list all attended Institutions)

Current Institution

Name: _____

Country: _____

Student Number: _____

Dates of Attendance: From: (MM/YYYY) _____ To: (MM/YYYY) _____

Expected Date of Graduation _____

Type of Degree
(e.g. Bachelor of Sciences,
Master of Arts): _____

Former Institution I

Name: _____

Country: _____

Student Number: _____

Dates of Attendance: From: (MM/YYYY) To: (MM/YYYY)

Date of Graduation _____

Type of Degree: _____
(e.g. Bachelor of Sciences,
Master of Arts)

Former Institution II

Name: _____

Country: _____

Student Number: _____

Dates of Attendance: From: (MM/YYYY) To: (MM/YYYY)

Date of Graduation _____

Type of Degree: _____
(e.g. Bachelor of Sciences,
Master of Arts)

Has your education been interrupted for longer than six months?

Yes: (Provide a Brief Outline of your Activities during this Period)

No

CAPU PROGRAMM CHOICE

Course offerings may be subject to sufficient demand, not all programs are available at every campus. It might be advisable to select two potentially suitable programs to increase your chances.

Select a Campus:

North Vancouver



Start Term and Year:

- Spring (Jan-Apr)
- Summer (May-Aug)
- Fall (Sept-Dec)

Year: _____

For how many Study Abroad Semesters do you apply? _____

Provide 'Desired Faculty' during Study Abroad:

- Faculty of Arts & Sciences
- Faculty of Business & Professional Studies
- Faculty of Education, Health & Human Development
- Faculty of Fine & Applied Arts
- Faculty of Global & Community Studies

You can still mix and match courses from different Faculties in your course list.

ADDITIONAL INFORMATION

Do you identify yourself as an Aboriginal person of Canada?

- Yes
- No

If yes, please choose one or more:

- First Nations
- Métis
- Inuit

Disability

Disability Services Requested? Contact 604.987.7526 or email disab-serv@capilanou.ca



INFORMATION RELEASE AND AUTHORIZATION

By signing the application form on the last page you authorize the following agency to act on your behalf, with respect to application, admission, registration and tuition information.

Name of Agency: IEC Online GmbH
Name of Agent: (if available)
Email Address: Americas@ieconline.de

FUNDING

Do you expect to be sponsored by an external funding organization?

- Yes: _____
 No



IMPORTANT INFORMATION

I hereby declare that all information I have submitted in this application for admission is true and complete and that no information has been withheld to the best of my knowledge. I understand that any omission or misrepresentation of information may result in the cancellation of my admission or registration status at any of the institutions to which I am applying. I understand that falsifying documents or information on the application may result in immediate permanent dismissal from Capilano University and I accept that information on falsified documents, including the application for admission, is shared with other post-secondary institutions.

I authorize the release of all B.C. secondary interim and final grades by the B.C. Ministry of Education to Capilano University and I agree that my name may be released to my school or school district for consideration for Capilano University Entrance Scholarships, if applicable. Completion and submission of this signed application permits Capilano University to request and/or confirm any information necessary to support my application for admission. Information collected on this application as well as subsequent information placed in my student record, as per section 35 of the Freedom of Information and Protection of Privacy Act of British Columbia, will be used on a confidential basis, for purposes of admission, registration, research, alumni development, student association, and other purposes consistent with the mandate of the institution. Capilano University reserves the right for the Registrar to share information with the Ministry of Advanced Education, Training and Technology, or other related government agencies. Any questions concerning the collection and use of this information should be directed to the Privacy Assistant: privacy@capilanou.ca.

If I am admitted to Capilano University I agree to familiarize myself with and comply with the most current rules, regulations, and policies of Capilano University during my tenure as a student at the University.

Signature of Applicant

Date: YYYY/MM/DD



APPLICATION FEE

Payment by Credit Card

Please choose one of the following:

- Visa
- MasterCard
- Discover

The application fee is non-refundable.

Total amount to be charged in CAD \$: _____ CAD

Credit Card Number: _____
Expiration Date: _____ (MM/YY)
CVV2 number / Security Code: _____
Cardholder's Name: _____
Cardholder's Billing Address:
Street + Number: _____
Postal Code + City: _____
Country: _____
Cardholder's Relationship to
Applicant (e.g. father, sister) _____

I declare that payments in a foreign currency are authorized and that – if it is a “pre-paid” card – sufficient funds are available. I will inform IEC if any of the above changes (e.g. because card is lost/stolen/renewed) before KPU reaches a decision. By signing below, I authorize KPU to charge my credit card for the amount I have entered above.

Today's Date: _____
Signature Cardholder: _____

CERTIFICATION

All applicants must sign below.

I certify that the information I have provided on this application is complete and accurate. I understand that failure to disclose correct information may result in the cancellation of my application or admission. Important Reminder: Only complete applications will be reviewed.



Signature Applicant:

City, Date (MM/DD/YYYY): _____

Authorization for IEC to process the application

I hereby permit International Education Centre (IEC Online GmbH/IEC) to submit the information that I have provided on the Application Form of the KWANTLEN POLYTECHNIC UNIVERSITY (KPU) via an electronic online application form created and maintained by KPU.

Signature Applicant: _____

City, Date (MM/DD/YYYY): _____

Please submit your application with all required documents to IEC:

IEC Online GmbH
Bewerbungsbetreuung
Marienstrasse 19-20
10117 Berlin
Germany