

Application Form for Study Abroad at Camosun College

Personal Information

First or Given Name(s): _____

Middle Name(s): _____

Last or Family Name: _____

Preferred First Name: _____

Former Last or Family Name: _____

Email Address: _____

Date of Birth (YYYY/MM/DD): _____

Primary language spoken at home: _____

Country of Citizenship: _____

Visa Status: ☐ Permanent Resident/Landed immigrant ☐ Refugee (status granted)
☐ Student Authorization/Student Visa ☐ Other Visa
☐ Diplomat ☐ Minister's Permit
☐ Visitor
☐ Non-Canadian, Status Unknown (incl. refugee claimants)
☐ Live In Caregiver
☒ Non-Canadian, No Visa Status (student is studying outside Canada)

Contact Information

Mailing Address

Country: _____

Street Address: _____

Street Address 2: _____

City: _____

Postal Code: _____

Telephone Numbers

Primary Phone: _____

Other Phone: _____

Emergency Contact

Do you want to provide an Emergency Contact? ☐ Yes ☐ No

Emergency Contact's full name: _____

Emergency Contact's email address: _____

Emergency Contact's Telephone Numbers: ☐ Canada ☐ Other Country

Primary Phone: _____

Other Phone: _____

Academic History

High Schools

List all High Schools (Grades 8 to 12) and Post-Secondary Institution(s) you've attended in the past.

Country: _____

High School: _____

Date Attended Start: _____

Date Completed: _____

Current/Completed Grade: ☐ less than 8 ☐ 8 ☐ 9 ☐ 10
☐ 11 ☐ 12 or equivalent ☐ IB Diploma

Post-Secondary Institutions

Country: _____

Post-Secondary Institution: _____

Student Number: _____

Date Attended Start: _____

Date completed: _____

- Credential:
- | | |
|---|---|
| <input type="checkbox"/> Certificate or Diploma (< 1 year) | <input type="checkbox"/> Certificate or Diploma (1-2 years) |
| <input type="checkbox"/> Certificate or Diploma (> 2 years) | <input type="checkbox"/> Associate Degree |
| <input type="checkbox"/> Baccalaureate (Bachelor's) Degree | <input type="checkbox"/> Baccalaureate (Honors) Degree |
| <input type="checkbox"/> First Professional Degree | <input type="checkbox"/> Post-Professional Degree |
| <input type="checkbox"/> Graduate Certificate | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Intermediate Graduate Degree | <input type="checkbox"/> Doctoral Degree |
| <input type="checkbox"/> Post-Doctoral Award | |

Program Selection

Term & Admission Category

Select the category that best describes you:

- ☒ International Applicant
☐ South Island Partnership

Select your program

Select your subject area:

- ☐ Arts
☐ Business
☐ Computers & Engineering
☐ English as a Second language
☐ Health & Human Sciences
☐ Sport & Exercise
☐ Trades Foundations

Select your program:

- ☐ Arts and Science Studies
☐ Associate of Arts Degree
☐ Comics and Graphic Novels (Certificate)
☐ Criminal Justice (year 1 entry)
☐ Digital Communication
☐ Digital Production, Writing and Design
☐ Music Performance
☒ University Transfer
☐ Visual Arts

Program Details

- Attendance: ☐ Full-time ☐ Part-time
Campus: ☒ Landsdowne

Program Major

- ☐ Arts
- ☐ Business
- ☐ Education
- ☐ Science

Start date: ☐ Summer 2019 ☐ September 2019

Additional Information

Aboriginal Identity

Do you identify yourself as an aboriginal person of Canada? ☐ Yes ☐ No

Gender ☐ Male ☐ Female ☐ Not specified

Education Consultant and Release for International Applicants

Do you have an educational representative or education consultant?

☒ Yes ☐ No

Education Consultant Name: Maria Frings
Company Name: College Contact GmbH
Email address: mfrings@college-contact.com

I hereby authorize Camosun College to release admissions, registration, and tuition information to this organization.

☐ Yes ☐ No

Support Services

Do you require additional support services due to a disability or medical condition?

☐ Yes ☐ No

Application fee \$100 CAD

☐ I will pay by credit card when submitting my application

Credit card information

Amount: \$100 CAD

Credit Card Number: _____

Expiry Date (MMYY): _____

CVV: _____

Consent for Information Disclosure and Declaration of Applicant

I, the applicant, declare that the information contained in this application is to the best of my knowledge complete and correct. I agree to abide by the rule and regulations of Camosun College. I understand and agree that acceptance of this application in no way guarantees admission to the program or course and that this application is subject to the availability of seats. I understand and agree the college reserves the right to modify or cancel any program or course without notice or prejudice.

Consent Collection Notice

The information included in your EPBC account and any applications you submit is collected under Section 26c and Section 26e of the Freedom of Information and Protection of Privacy Act. The information provided is collected, used and disclosed with your consent when you apply to attend a participating BC postsecondary institution, and may be used for research purposes. By clicking the box below, you consent to the use of your EPBC account and application information for postsecondary research, planning and evaluation purposes.

EPBC also operates a Transcript Exchange Hub. You initiate and authorize transcript exchanges from the Ministry of Education for your K-12 transcripts, or from the postsecondary institution that holds your postsecondary transcripts. Your consent below permits EPBC's Transcript Exchange Hub to collect and disclose those transcripts you've authorized. Your consent is effective as soon as you click the box.

If you have any questions about the collection, use and disclosure of this information, contact:

Executive Director
EducationPlannerBC
Box 9 506-555 Seymour St
Vancouver, BC V6B 3H6
info@educationplannerbc.ca

Freedom of Information and Protection of Privacy

Privacy Statement

The personal information on this form and other personal information which forms part of your student record is collected under the legal authority of the College and Institutes Act, [RSBC 1996] c.52, and the Freedom of Information and Protection of Privacy Act [RSBC 1996] c. 165 (FIPPA). The information is used for administrative and statistical research purposes of Camosun College and/or the ministries or agencies of the government of British Columbia and the government of Canada. The information will be protected, used and disclosed in compliance with those acts. Except as provided in the foregoing, the personal information collected on this form and other personal information which forms part of your student record will not be disclosed to any other person without your consent.

Permission to Release

A Permission to Release Information form, available from Student Services and www.camosun.ca, must be signed in order for Camosun College to provide access or release your personal information to any other person.

Exceptions

FIPPA legislation provides for a limited number of circumstances where the college may be required to disclose personal information without your express consent, which may include public health and safety concerns, law enforcement matters and other reasons as stated in Part 3, Divisions 2 and 3 of the Act.

☐ I give my Consent for Information Disclosure and Declaration of Applicant

Applicant's Signature

I hereby permit College Contact to submit the information which I have provided on this form to EducationPlannerBC, Camosun College via an electronic online application form created and maintained by EducationPlannerBC.

☐ Yes ☐ No

I certify that the above information is true and correct.

Signature of student

Date