



## Application for Kwantlen Polytechnic University

### Personal Information

#### Names

First or Given Name(s) \_\_\_\_\_

Last or Family Name \_\_\_\_\_

Preferred First Name (optional) \_\_\_\_\_

#### Other Information

Date of Birth (DD/MM/YYYY) \_\_\_\_\_

#### Gender Identity

Please indicate your gender

Woman    Man    Non-Binary Gender    Prefer not to answer/Unknown    (Not specified)

Would you say you are

Cisgender    Transgender    Prefer not to answer/Unknown    (Not specified)

#### Language/Citizenship

Primary Language \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Immigration/Visa Status in Canada \_\_\_\_\_

### Contact Information

Email Address \_\_\_\_\_

#### Mailing Address

Street \_\_\_\_\_

City \_\_\_\_\_

Postal Code (optional) \_\_\_\_\_

Country \_\_\_\_\_

**Telephone**

Primary Phone Number \_\_\_\_\_

Additional Phone Number (optional) \_\_\_\_\_

**Emergency Contact (optional)**

Emergency Contact's Full Name \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Additional Phone Number \_\_\_\_\_

Emergency Contact's Email Address \_\_\_\_\_

**Academic History**

**High School**

School \_\_\_\_\_

Country \_\_\_\_\_

Attended from (MM/YYYY) \_\_\_\_\_ until (MM/YYYY) \_\_\_\_\_

Years completed at school

12 (or more)    IB Diploma    11    10    9    8    Less than 8

Planned or Actual Graduation Date (MM/YYYY) \_\_\_\_\_

**Post-Secondary Institutions**

Country \_\_\_\_\_

University \_\_\_\_\_

Attended from (MM/YYYY) \_\_\_\_\_ until (MM/YYYY) \_\_\_\_\_

Institution Credential/Completed

Yes    No    (Not Specified)

**Program Selection**

**Term**

Spring 20\_\_\_\_    Summer 20\_\_\_\_    Fall 20\_\_\_\_

**Admission Category**

Undergraduate (International)

**Choose your Faculty**

- Arts
- Business
- Design
- Health
- Science & Horticulture
- Trades & Technology

**Program** \_\_\_\_\_

**Additional Information**

**Applicant Category**

Please select the applicant category that best describes you

- I am attending another college/university but wish to take a semester or two at KPU to transfer back to my current institution.
- I am currently in high school but will graduate before starting my studies at KPU.
- I have graduated from high school.
- I have not graduated from high school nor attended college/university, but am over 19 years of age.

**Agent Information**

Agent Name: Stefanie Adler

Agency: College Contact GmbH

Email address: sadler@college-contact.com

**I hereby authorize KPU to release admissions, registration, and tuition information to this organization.**

- Yes    No

**External Funding Sponsorship Information**

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

- Yes    No

**Scholarship granting organization (optional)**

Name of sponsoring organization \_\_\_\_\_

Contact person's name (optional) \_\_\_\_\_

Contact's email address \_\_\_\_\_

**I hereby authorize KPU to release admissions, registration, and tuition information to this organization:**

- Yes    No

## Support Services

A disability includes medical conditions, learning disabilities, and mental health illness. Applicants identifying a disability will be contacted by [Accessibility Services](#) to offer more information about services ensuring access to our academic and campus environments.

Do you identify as a person with a disability?

Yes    No

## Application Fee Payment (\$120 CAD)

Method of Payment:  Credit/Bank Card

### Credit/Bank Card

Cardholder's Name: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

CVV2: \_\_\_\_\_

Credit Card Type:

Visa    Mastercard    American Express    Discover

Expiration Date (MM/YYYY): \_\_\_\_\_

Cardholder's email address: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

## Confirmation

By checking this box, I confirm the following: I have read and understand the Notice (Consent for Information Disclosure) below and consent to and authorize EPBC to use and disclose my personal information for the purposes described; and I have read, understand, and agree to the EPBC Website [Terms of use](#) and [Privacy](#).

I hereby certify that the information provided in this Application is true, accurate and complete.

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

Date \_\_\_\_\_ Signature \_\_\_\_\_

## **Consent for Information Disclosure and Declaration of Applicant**

I certify that all statements on this application are true and complete and that no information has been withheld. I agree that KPU may request and/or confirm any information necessary to support my application for admission. I understand any misrepresentation 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 (KPU). I consent to KPU notifying member institutions of the Association of Registrars of the Universities and Colleges of Canada if I have been found to have falsified documents or other information in this application. If I am admitted to KPU, 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. I understand that submission of this application in no way guarantees admission to the university or registration into a course.

## **Freedom of Information and Protection of Privacy**

I consent to the collection, use and disclosure of my personal information as described below effective on submission of this application.

### **Privacy Statement**

Kwantlen Polytechnic University collects and maintains information for the purposes of admission, registration, graduation, research, alumni and other purposes consistent with the fundamental activities and mandate of the university, and with attending a public postsecondary institution in British Columbia. The information you provide and any other information placed on the student record will be protected, used and disclosed in compliance with British Columbia's Freedom of Information and Protection of Privacy Act (FIPPA). The information on this form is collected under the authority of the University Act and is needed to process your application for admission. The information you provide on this form may be shared with the Ministries of Education and Advanced Education, or other related government agencies and dual enrolment partners in a manner compliant with the FIPPA. Any questions concerning the collection, use, storage or disclosure of this information should be directed to the University Registrar.

### **Permission to Release**

A Third Party Waiver/Release of Information Form must be submitted in order for KPU to provide access or release for your personal information to any other person.

### **Exceptions**

The FIPPA provides for a limited number of circumstances where KPU 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 the FIPPA.

## **Consent and Collection Notice**

### **Collection, Use, and Disclosure of your Personal Information**

The information included in your EducationPlannerBC (EPBC) account and any application to attend a post-secondary institution may be collected by EPBC, the Ministry of Education and Child Care, the Ministry of Post-Secondary Education and Future Skills (PSFS), or the Institution identified in your application (the "Public Bodies") under Sections 26(c), 26(e) of the Freedom of Information and Protection of Privacy Act (FOIPPA). The purposes of this collection are limited to:

- (i) collecting or confirming your Personal Education Number;
- (ii) processing and supporting your application to a Post-Secondary Institution, including information provided from the time of account creation, when an application is started, when an application is submitted, and following the submission of an application;
- (iii) policy research and program planning or evaluation by the Public Bodies; and
- (iv) your possible future use of EPBC's Transcript Exchange services.

By accepting the language in this Notice, you acknowledge this collection of your personal information and consent for the Public Bodies to use and disclose your personal information for the above purposes pursuant to FOIPPA s. 32(a), 32(b), 33(2)(c), and 33(2)(d). If you do not agree to this Notice you cannot use most EPBC services.

### **EPBC Login Information Sharing**

You may use your EPBC account to access protected resources in participating Institutions, where applicable. By accepting the language in this Notice, you consent that your EPBC login information will be shared with the participating Institution to support your verified access to the Institution's resources.

### **The EPBC Transcript Exchange Hub**

EPBC also operates a Transcript Exchange Hub. You initiate and authorize transcript releases from whatever body holds those transcripts, to support your application to attend another post-secondary institution, inside or outside of Canada, wherever your desired institution is. When you initiate or authorize a transcript release, your Transcript information is collected, used, and disclosed by EPBC and the participating Institutions under FOIPPA s. 27(1)(a)(i), s. 32(a), s. 32(b), s. 33(2)(c) and s. 33(2)(d).

EPBC and PSFS may collect and aggregate data, including metadata, generated as a result of the transcript exchange process for the purpose of policy research and program planning or evaluation under FOIPPA s. 26(e) and 32(a).

If you have any questions regarding the collection, use and disclosure of your personal information as set out in this Notice, contact:

Executive Director  
EducationPlannerBC  
1250-700 West Pender Street  
Vancouver, BC V6C 1G8  
[info@educationplannerbc.ca](mailto:info@educationplannerbc.ca)