

Application for Capilano 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

Would you say you are

☐ Cisgender ☐ Transgender ☐ Prefer not to answer/Unknown

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

University _____

Country _____

Attended from (MM/YYYY) _____ until (MM/YYYY) _____

Institution Credential/Completed

☐ Yes ☐ No

Program Selection**Term**

☐ Spring 20_____ ☐ Fall 20_____

Admission Category

☐ New International Student ☐ Returning Student ☐ Current CapU Student

Program Choice (Visiting Students)

- ☐ Bachelor of Business and Administration
- ☐ Bachelor of Tourism Management
- ☐ Bachelor of Communication Studies
- ☐ Bachelor of Arts with a major in Interdisciplinary Studies
- ☐ Bachelor of Science

Program Choice (Full Degree)

First Choice: _____

Second Choice: _____

Campus: North Vancouver**Attendance:** Full Time**Additional Information****Indigenous Identity**

Do you identify yourself as an Indigenous person of Canada?

☐ Yes ☐ No**Admission Status**☐ VISP (Visiting International Student Program) Student ☐ Regular Student**Previous Affiliation**

Have you been previously affiliated with Capilano University?

☐ Yes: CapU ID Number _____ ☐ No**Education History**

Has your education been interrupted for longer than six months?

☐ Yes ☐ No

Have you been required to withdraw, or been academically suspended, or failed a year at another post-secondary institution?

☐ Yes ☐ No**Agent Information**

Agent Name: Stefanie Adler

Agency: College Contact GmbH

Email address: sadler@college-contact.com

I hereby authorize Capilano University to release admissions, registration, and tuition information to this organization.☐ Yes ☐ No**Scholarship Funding**Will you be funded by a scholarship granting organization? ☐ Yes ☐ No**Scholarship granting organization (optional)**

Contact Name _____

Organization _____

I hereby authorize Capilano University to release admissions, registration, and tuition information to this organization: ☐ Yes ☐ No

Support Services

If you require assistance due to a disability or health problem refer to the [Accessibility Services web page](#) on the Capilano University website.

Application Fee Payment (\$135 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

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 Capilano University via an electronic online application form created and maintained by Capilano University.

Date _____ Signature _____

Consent for Information Disclosure and Declaration of Applicant

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. I understand that falsifying documents or information on the application for admission 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 postsecondary institutions. 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 application permits Capilano University to request and/or confirm any information necessary to support my application for admission. 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. I understand that submission of this application in no way guarantees admission to a program or registration into a course.

Freedom of Information and Protection of Privacy

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, enrolment, and other fundamental activities related to being a Capilano University community member and to attending a public postsecondary institution in the province of British Columbia. Capilano University reserves the right for the Registrar to share information with the Ministry of Advanced Education, other related government agencies or the Association of Registrars of the Universities and Colleges of Canada. Any questions concerning the collection and use of this information should be directed to the Privacy Assistant: privacy@capilanou.ca.

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. 28(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