



Lansdowne Campus
3100 Foul Bay Rd. Victoria BC V8P 5J2

Interurban Campus
4461 Interurban Rd. Victoria BC V9E 2C1
1-877-554-7555 (Toll-free) or 250-370-3550

Have you applied to or attended Camosun College before?

- No
 Yes. Please provide your Camosun College Student Number:

C

PERSONAL INFORMATION (please print clearly)

LEGAL LAST NAME		FORMER LAST NAME (if applicable)	
LEGAL FIRST NAME	PREFERRED NAME	MIDDLE NAME(S)	Check if you have none <input type="checkbox"/>
CITIZENSHIP STATUS <i>International students please contact Camosun International to obtain an application package. Telephone: 250-370-3681 or 250-370-4812.</i> <input type="checkbox"/> Canadian <input type="checkbox"/> Permanent Resident/Landed Immigrant, document number: _____ <input type="checkbox"/> Other Visa or Permit, specify and provide document number: _____ <input type="checkbox"/> Refugee / Convention Refugee, document number: _____ <input type="checkbox"/> Live In Care Giver, document number: _____			
DATE OF BIRTH (mm dd yyyy)	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	SOCIAL INSURANCE NUMBER (optional*)	<i>*Providing your SIN helps us to ensure the accuracy and completeness of your transcript and your tuition tax receipt.</i>

CURRENT MAILING ADDRESS

NUMBER/STREET	CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE NUMBER	CELL PHONE NUMBER	EMAIL ADDRESS <i>Important information may be communicated to you via email.</i>	

VOLUNTARY DISCLOSURE

By completing this section, you indicate you understand that you may be contacted, based on the information you provide.

Are you of **Indigenous** ancestry? Yes No
 If Yes, are you First Nations Status First Nations Non-Status Inuit Metis

Do you require additional support services due to a disability? Yes No
Note: If you require additional academic supports, in the classroom or during exams, due to learning/psychological/physical related barriers, please contact the Centre for Accessible Learning to discuss in more detail. www.camosun.ca/services/accessible-learning/

What has been your **main activity** during the previous year?
 Attending high school Attending college Attending university Attending another educational institution
 Working Other

EMERGENCY CONTACT

CONTACT NAME	CONTACT PHONE NUMBER Local/Ext. #
--------------	--------------------------------------

PROGRAM CHOICE Please ensure you clearly understand the academic and non-academic admission requirements for programs and courses.

PROGRAM NAME (as shown in the Camosun College calendar: camosun.ca/calendar)	SPECIALIZATION / MAJOR (if applicable)
YEAR / LEVEL <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Other _____	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
PREFERRED START DATE MM / YYYY	

OFFICE USE ONLY

Notes:

ACADEMIC HISTORY

SECONDARY SCHOOL EDUCATION (HIGH SCHOOL)

Complete section A or B

A Currently attending High School

BC Personal Education Number (PEN)	CURRENT GRADE	WILL YOU BE GRADUATING? <input type="checkbox"/> Yes <input type="checkbox"/> No	EXPECTED GRAD DATE MM / YYYY
SECONDARY SCHOOL NAME	CITY	PROVINCE	COUNTRY

B Not currently attending High School

BC Personal Education Number (PEN)	HIGH SCHOOL NAME	DID YOU GRADUATE?	LAST DATE ATTENDED MM / YYYY
------------------------------------	------------------	-------------------	---------------------------------

POST-SECONDARY EDUCATION (COLLEGE and/or UNIVERSITY)

SCHOOL NAME	CITY / PROVINCE / COUNTRY	CREDENTIAL AWARDED
SCHOOL NAME	CITY / PROVINCE / COUNTRY	CREDENTIAL AWARDED

TRANSCRIPTS Official paper transcripts must be submitted in an envelope sealed by the sending secondary (high school) and/or post-secondary institution(s). You may be required to submit all transcripts from institutions attended. All transcripts submitted become the property of Camosun College and will not be returned.

DECLARATION *Please read the following before signing:*

The personal information on this form and other personal information which forms part of your student record is collected under the legal authority of College and Institutes Act, [RSBC 1996] c.52, and the Freedom of Information and Protection of Privacy Act [RSBC1996] c. 165 . The information is used for administrative and statistical research purposes of the 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 that comprises your student record will not be disclosed to any other person without your consent. A "Permission to Release Information" form, available from the Office of the Registrar and camosun.ca, must be signed in order for Camosun College to provide access or release your personal information to any other person. Camosun College may be required to release a student's personal information if it becomes aware of compelling circumstances where there is a risk to the health and safety of the student or others.

1. I, the applicant, declare that all information contained on this application for admission is true and complete and no information has been withheld to the best of my knowledge.
2. I agree to abide by the rules, regulations and policies of Camosun College.
3. I understand the application fee is non-refundable, is required from all applicants to a program and the application will not be processed until this fee is received.
4. 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.

Signature of Applicant

Date

APPLICATION FEE *Payment of \$43.51 is due with this application.*

Cheque or Money Order (*attach*)
Payable to Camosun College

Visa Mastercard American Express JCB

Sponsorship
Sponsoring Agency Approval of Fees form (*attach*)

Card #: _____ Expiry _____ / _____

Debit (*in person*)

Card verification value: _____

The CVV security code is typically 3 digits located on the back of Mastercard, Visa and JBC cards, and 4 digits on the front far right of American Express cards.

Name of card holder: _____