



## Concurrent Studies Application

STUDENT INFORMATION		
Last Name:	First Name:	Student Number <i>(if applicable)</i> :
Preferred Given Name:	Address:	
City:	Province:	Postal Code:
Phone Number:	Email Address:	
Date of Birth (DD/MM/YY):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Personal Education Number (BC Only):	Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Other <i>(Specify)</i> _____	
EMERGENCY CONTACT INFORMATION		
Last Name:	First Name:	
Phone Number (Day):	Phone Number (Evening):	
CITIZENSHIP INFORMATION		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Canadian Citizen  <input type="checkbox"/> Permanent Resident  <input type="checkbox"/> Convention Refugee  <input type="checkbox"/> Minister's Permit         </div> <div style="width: 50%;">           Country of Birth: _____            Country of Citizenship: _____            Native Language: _____         </div> </div>		
INTENDED SEMESTER OF ENROLLMENT		
<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer		



SECONDARY SCHOOL INFORMATION:		
School Name:	Location (City/Town):	Current High School Grade:
DECLARATION OF APPLICANT		
<p>I certify all statements on the application are true and complete. I understand that falsifying documents or information on this application will result in immediate permanent dismissal from the College. I understand information on falsified documents may be shared with the Association of Registrars of Universities and Colleges of Canada (ARUCC).</p> <p>I certify that I have completed Grade 11 year and am currently enrolled in Grade 12 courses. I am providing an interim transcript showing the completion of Grade 11.</p> <p>I agree to abide by the rules and regulations of the College as published in the online calendar, and those of the department and program in which I shall be registered, and any changes which may be made while I am a student at the College.</p> <p>The information on this form is collected under the authority of the College and Institute Act. I understand that this information, along with subsequent information placed in my student record will be used for purposes of admission, registration, student communication, research, and alumni development. The use of this information will be in compliance with the Freedom of Information and Protection of Privacy Act. Any questions concerning the collection and use of this information should be directed to the Registrar.</p> <p><b>Please note:</b> ALL DOUGLAS COLLEGE POLICIES AND PROCEDURES APPLY TO CONCURRENT STUDIES STUDENTS. This includes meeting course pre-requisites. Once approved, this application will admit the student to the semester indicated above ONLY. If the student wishes to attend Douglas College for any subsequent semesters, they must submit an Application for Re-Admission and pay an application fee.</p> <p>I have read and understand the above statements.</p> <p>Signature: _____ Date (DD/MM/YY): _____</p>		
AUTHORIZATION OF SECONDARY SCHOOL COUNSELLOR		
<p>I certify that _____ (student's name) has exceptional academic ability, has completed grade 11, will be in grade 12 in _____ semester and is prepared to enroll in College-level coursework. I endorse their participation in the Concurrent Studies program at Douglas College.</p>		
Name:	Signature:	Date (DD/MM/YY):