

REQUEST FOR CONCURRENT STUDIES

Concurrent studies is for students who want to take one or two post-secondary courses while completing secondary school.

Instructions: Complete this form in **black or dark blue ink** and submit it along with your application for admission, application fee, and all supporting documents, no later than one month before the start of the semester for which you are applying. All requests are subject to space availability, as well as approval of the instructor and department head.

Student information				
Last name (family name)		First name and initials		UFV student ID (if applicable)
Daytime phone	Email address		Mailing address (street number, street)	
<small>Area code</small>				
City or Town		Province	Country (if not Canada)	Postal code
UFV course(s) and the section(s) applied for:				<i>Note: A maximum of two courses per semester is permitted. Exceptions must be approved by the appropriate dean.</i>
If you have already discussed your course choice with someone from UFV (e.g., the department head or instructor), please indicate with whom you have spoken:				

Application checklist	
Please attach:	
<input type="checkbox"/>	Application for admission*. Indicate ' <i>Concurrent Studies</i> ' for the program.
<input type="checkbox"/>	\$45 application fee*.
<input type="checkbox"/>	Recent high school transcript showing the last year completed, and courses in progress.
<input type="checkbox"/>	Letter of recommendation from the high school principal or counselor.
<i>* Not required for students who have taken concurrent studies courses within the past two years.</i>	
Permission of the instructor and department head is required and will be obtained upon submission of this request. Evidence of meeting course prerequisites and readiness for university studies will also be required.	
Student's signature	Date

Parent's approval
I am in support of this request. I am aware that all communication from UFV will be made directly with the student.
Parent or legal guardian's name (please print)
Signature
Date

Please forward this form to: UFV Admissions, 33844 King Road, Abbotsford BC V2S 7M8
or fax: 604-853-0138 ~ For further information, please call 604-864-4645 or 604-864-4540.

OFFICE USE ONLY	
Request approved for...	Course 1:
Term	Course
	Instructor's signature
	Department head's signature
	Course 2:
	Course
	Instructor's signature
	Department head's signature

LABEL

Revised: 22-Jun-2009

APPLICATION FOR ADMISSION

Complete in dark blue or black ink, sign, and return this form to an Admissions & Records office (address on reverse) along with the non-refundable application processing fee (see reverse for applicable amount).

Preferred start date (select one only)	Program	Preferred campus
<input type="checkbox"/> Sept <input type="checkbox"/> Jan <input type="checkbox"/> May	<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Associate degree <input type="checkbox"/> Degree Indicate specific program from list on reverse	<input type="checkbox"/> Abbotsford <input type="checkbox"/> Chilliwack <input type="checkbox"/> Mission <input type="checkbox"/> Hope Centre
Year: <input style="width:50px;" type="text"/>		Have you ever applied to UFV? <input type="checkbox"/> yes <input type="checkbox"/> no
		UFV student number (if known): <input style="width:100px;" type="text"/>

Legal last name (family name)		Legal first name (in full)		Middle name (if applicable)
Former last name		Preferred first name		
Mailing address (street number, street)				
City or town		Province or state	Country (if not Canada)	Postal code
Primary phone		Alternate phone		Email address
Area code		Area code	Local	
Gender	Birthdate	Citizenship		
<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> Canadian citizen <input type="checkbox"/> Landed immigrant <input type="checkbox"/> Other (contact A&R)		
What is your first language (mother tongue)?		(OPTIONAL) Do you identify yourself as an Aboriginal person? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, are you: <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit		
If you will require support from Disability Services, please call 604-864-4609 (Abbotsford) or 604-795-2843 (Chilliwack).				

Secondary education	
BC personal education number	For BC students, grade 12 during or after 1990
What was the main language of instruction in your last two years of high school?	
High school name	City & province/state
	Country
Dates attended	Graduation date (if applicable)
to	
Highest grade completed (or in progress)	
<input type="checkbox"/> 7 or less <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> GED	

Post-secondary institutions attended (You MUST report all post-secondary institutions attended — attach list if required.)	
1 Name of institution	2 Name of institution
Dates of attendance	Dates of attendance
to	to
Location	Location
Degree, diploma, or certificate awarded	Degree, diploma, or certificate awarded

Declaration: To the best of my knowledge, all of the information listed above is correct. If I am admitted to the University of the Fraser Valley, I agree to abide by its policies and regulations. I understand that the information I provide to UFV will be used for the purposes of admission, registration, research, and other purposes consistent with the University Act and the Freedom of Information and Protection of Privacy Act. Documents may be released to partner institutions in order to process UFV degree applications. The name, ID number, and address of registered students will be given to the Student Union Society for voting and membership purposes.		Application processing fee Fill in applicable amount from information on reverse: \$ <input style="width:50px;" type="text"/>		Method of payment <input type="checkbox"/> Cheque <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express	
Applicant's signature		Date		Card number	
				Expiry date	
				Cardholder's signature	

OFFICE USE ONLY		Dept. comments	
Term			
<input type="checkbox"/> Admit <input type="checkbox"/> Admit conditionally <input type="checkbox"/> Not admitted <input type="checkbox"/> Other			
Dept. head's signature		Date	Application received/postmarked
			Decision code
			Initials