



Undergraduate Application for Admission

Personal Details

1	Name:	_____ (FAMILY/LAST)	_____ (GIVEN/FIRST)	_____ (MIDDLE NAME)
2	Other Details:	<input type="radio"/> Male <input type="radio"/> Female	Native Language: _____	Citizenship: _____
3	Canadian ID:	B.C. P.E.N.: _____	S.I.N.: _____	
4	Date of Birth:	_____ (Month)	_____ (Day)	_____ (Year) Birthplace (City and Country): _____
5	Permanent Home Address in Country of Citizenship (Required) *Student contact information ONLY* (Post office boxes may not be used)			

Number and Street:

City:	State/Province:	Country:	Postal Code:
Telephone:	Fax:	Email:	

6 Mailing Address for School Documents (if different from home address)

Number and Street:

City:	State/Province:	Country:	Postal Code:
Telephone:	Fax:	Email:	

7 Mailing Address for Educational Consultant or Advisor (If Applicable)

Contact Name:

Number and Street:

City:	State/Province:	Country:	Postal Code:
Telephone:	Fax:	Email:	

8 Emergency Contact

Contact Name:

Relation to Student:

Number and Street:

City:	State/Province:	Country:	Postal Code:
Telephone:	Fax:	Email:	

9	Status in Canada:	<input type="checkbox"/> Canadian Citizen/Permanent Resident	<input type="checkbox"/> Visitor Visa	<input type="checkbox"/> Other
		<input type="checkbox"/> Currently Hold Canadian Study Permit	<input type="checkbox"/> Will Apply for Canadian Study Permit	

Education

1	High School Education: *Required	Select One: <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Other
		School Name: _____ City/Province or State: _____
		Country: _____ Graduation Date: _____ (Month) _____ (Year)
2	Further Education: (College, University...) If necessary, attach additional sheet with details of all further education. *Required for all education being considered for transfer credits.	School Name: _____
		City/Province or State: _____ Country: _____
		Dates: from: _____ (Month) _____ (Year) to: _____ (Month) _____ (Year)
		Diploma Received: _____
		*Are you applying for transfer credits? <input type="radio"/> Yes <input type="radio"/> No
3	FDU Program Start Date:	Year: 20 _____ Semester: <input type="checkbox"/> Fall (August) <input type="checkbox"/> Spring (January) <input type="checkbox"/> Summer (May)

