

APPLICATION FOR EXCHANGE

| PERSONAL INFORMATION | | | | | | | | | | | | | | |
|--|-------------|--|-------|---|---|-----------------------------------|--|---|--|--|--|---|--|--|
| FAMILY/LAST NAME | | | | GIVEN/FIRST NAME (IN FULL) | | | | OTHER/MIDDLE NAME | | | | | | |
| STREET NAME AND ADDRESS | | | | | | | | | | | | | | |
| CITY | | | | PROVINCE/STATE | | | | COUNTRY | | | | | | |
| POSTAL/ZIP CODE | | EVENING OR HOME PHONE (AREA CODE + NUMBER) | | | | DAY PHONE (AREA CODE + NUMBER) | | | | EMAIL | | | | |
| former name(s) | | | | | | | | OPTIONAL DISCLOSURE: DO YOU WISH TO BE CONTACTED BY A DISABILITIES COORDINATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |
| <input type="checkbox"/> FEMALE | BIRTH DATE: | YEAR | MONTH | DAY | IF CANADIAN, CANADIAN SOCIAL INSURANCE NUMBER: | | | | | | | | | |
| <input type="checkbox"/> MALE | | | | | | | | | | | | | | |
| CITIZENSHIP: YOU MUST CHECK ONE OF THE FOLLOWING: | | <input type="checkbox"/> CANADIAN CITIZEN | | | <input type="checkbox"/> LANDED IMMIGRANT/PERMANENT RESIDENT Landed immigrants/permanent residents of Canada must submit a copy of their immigration form. | | | | <input type="checkbox"/> INTERNATIONAL: PLEASE SPECIFY COUNTRY | | | | | |
| INDIGENOUS/ABORIGINAL STATUS: (OPTIONAL DISCLOSURE) DO YOU IDENTIFY YOURSELF AS AN INDIGENOUS or ABORIGINAL PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | If you identify yourself as an Aboriginal Person, are you: <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> _____ | | | | Are you registered under the Indian Act of Canada (i.e. Status)? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |
| MY PRIMARY LANGUAGE IS: | | <input type="checkbox"/> ENGLISH | | | <input type="checkbox"/> OTHER(S) : PLEASE SPECIFY | | | | | | | | | |
| EMERGENCY CONTACT: | | NAME | | | | PHONE NUMBER (AREA CODE + NUMBER) | | | | | | | | |
| YOUR HOME SCHOOL INFORMATION: | | | | | | | | | | | | | | |
| EXCHANGE COORDINATOR NAME | | | | HOME SCHOOL | | | | YOUR DEPARTMENT | | YEAR LEVEL | | NOMINATION <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| POST-SECONDARY (INCLUDE THE INSTITUTION YOU ARE CURRENTLY ATTENDING - LIST MOST RECENT FIRST): | | | | | | | | | | | | | | |
| NAME OF INSTITUTION | | | | CITY | | | | DATES OF ATTENDANCE | | | | PROGRAM/EDUCATION LEVEL | | |
| | | | | | | | | | | | | | | |
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| Have you ever applied for admission to the University, or have you ever taken a course at Emily Carr University of Art and Design or the Vancouver School of Art (including Continuing Studies courses)? | | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | IF YES, PLEASE GIVE STUDENT IDENTITY NUMBER: | | | | |
| | | | | | | | | | | | | | | |

I declare that I have answered truthfully all questions. If admitted to the University, I agree to familiarize myself with, and abide by, University policies during my years of attendance.

SIGNATURE: _____

DATE: _____

Emily Carr University of Art and Design gathers and maintains information used for the purposes of admissions, registration and other fundamental activities related to being a member of and attending a public post-secondary institution in the province of British Columbia. All applicants are advised that both the information they provide and any other information placed into the student record will be protected and used in compliance with the BC Freedom of Information and Privacy Protection Act (1992).

**PLEASE EMAIL COMPLETED APPLICATION FORM TO exchange@ecuad.ca
PLUS A COPY OF YOUR MOST RECENT EDUCATION TRANSCRIPTS.**