

APPLICATION FOR ONLINE STUDENT STATUS

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)											
<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	BIRTH DATE:		YEAR	MONTH	DAY	CANADIAN SOCIAL INSURANCE NUMBER:					
CITIZENSHIP: YOU MUST CHECK ONE OF THE FOLLOWING:			<input type="checkbox"/> CANADIAN CITIZEN			<input type="checkbox"/> LANDED IMMIGRANT/PERMANENT RESIDENT <small>Landed immigrants/permanent residents of Canada must submit a copy of their immigration form.</small>			<input type="checkbox"/> INTERNATIONAL: PLEASE SPECIFY COUNTRY		
ABORIGINAL STATUS: (OPTIONAL DISCLOSURE) DO YOU IDENTIFY YOURSELF AS AN 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			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: <small>PLEASE SPECIFY</small>		<input type="checkbox"/> I HAVE TAKEN/WILL TAKE TOEFL (USE TOEFL CODE #0032) <small>Applicants whose primary (first) language is not English may be required to submit a score from the Test of English as a Foreign Language.</small>					
EMERGENCY CONTACT:		NAME				PHONE NUMBER (AREA CODE + NUMBER)					
I AM APPLYING FOR:											
<input type="checkbox"/> FALL SEMESTER (September) Deadline: May 15				<input type="checkbox"/> SPRING SEMESTER (January) Deadline: October 15				<input type="checkbox"/> SUMMER SEMESTER (May) Deadline: March 15			
SECONDARY AND/OR POST-SECONDARY EDUCATIONAL HISTORY – TRANSCRIPTS WILL BE REQUIRED ONCE APPLICATION IS APPROVED (include the institution you are currently attending - list most recent first):											
NAME OF INSTITUTION				CITY		DATES OF ATTENDANCE			PROGRAM/EDUCATION LEVEL		
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. I confirm that all submitted work, written or in the portfolio, is my own. 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 FAX OR MAIL YOUR COMPLETED APPLICATION FORM TO:

Admissions Office
 Emily Carr University of Art and Design
 1399 Johnston St, Vancouver BC V6H 3R9
 Fax: 604 844 3089

Thank you for completing the online application form, once your admission eligibility is approved an email will be sent to you confirming your application.