

All information must represent ONLY student information. ALL FIELDS ARE MANDATORY.

Basic Information

Title: Mr. Ms. Mrs. Dr. **LAST/FAMILY Name:** _____

First name: _____ **Middle/Other Names:** _____

Preferred First Name: _____ **Birth Name (if different than above):** _____

Mailing Address: _____ **City:** _____

Province/State: _____ **Postal Code:** _____ **Country:** _____

*All correspondence will be sent to this address. You must notify Admissions of any address change.

Phone: (_____) _____ **Alternate Phone:** (_____) _____

Cell/Mobile: (_____) _____ **Email:** _____

Emergency Contact Person

LAST/FAMILY Name: _____ **First:** _____

Phone: _____ **Relationship:** _____

Personal Information

Date of Birth (YYYY/MM/DD): _____ **Gender:** Male Female Other

Citizenship: Canadian Other (specify): _____

If "other" Canadian Residency Status: Canadian Citizen Permanent Resident Refugee Student Visa

Other (specify): _____

First language: English Other (specify): _____

Any disability to declare: No Yes (specify): _____

Please check here if you wish to declare Canadian Aboriginal status: **Years of work experience:** _____

Standardised Admission Testing

If English is not your first language or if you are an International student, please indicate the following:

Number of years in English language studies: _____

English Language Proficiency test taken: IELTS TOEFL EAP PTE None Other: _____

Score Achieved: _____ **Date test taken (YYYY/MM/DD):** _____

For MBA candidates:

GMAT Score Achieved: _____ **Date test taken (YYYY/MM/DD):** _____

GRE Score Achieved: _____ **Date test taken (YYYY/MM/DD):** _____

Previous Education

Which is the highest level of education you have completed to date?

High School/Secondary school **Year completed:** _____

Name of School: _____ **Country:** _____

Please list all the previous colleges, universities, and other post-secondary institutions you have attended.

1. Name of School: _____ **Years attended:** _____

Credential awarded: _____ **Country:** _____

2. Name of School: _____	Years attended: _____
Credential awarded: _____	Country: _____
3. Name of School: _____	Years attended: _____
Credential awarded: _____	Country: _____
4. Name of School: _____	Years attended: _____
Credential awarded: _____	Country: _____

Previous government issued education number (e.g., PEN): _____

Have you ever been required to withdraw or been expelled from another institution?

No Yes (specify reason): _____

Do you have any professional designation? (eg. CMA, PEng)

No Yes (specify): CA CMA CGA CHRP P.Eng Other: _____

Program Information

Preferred program mode: On campus Online **Study Status:** Full time Part time Non-Program Visiting

*A "visiting student" must submit a copy of the Letter of Permission from the home institution.

Program of Study: BA BCom MBA **Preferred start date:** Winter Spring Summer Fall

Current Employment (optional)

Position title: _____ **Employer/Company Name:** _____

Job Status: Full time or Part time **AND** Temporary or Permanent

Country: _____ **Dates of employment (from YYYY/MM):** _____ **to (YYYY/MM):** _____

<p><u>Payment Information</u></p> <p>Please include the \$150 Application Fee with your application.</p> <ul style="list-style-type: none"> If applying online or by fax, please pay by credit card (Visa, Master Card or American Express). If you wish to pay by cheque or money order, simply print the completed application and mail it along with the payment to: <p style="padding-left: 40px;">Registrar's Office, University Canada West Suite 200 – 1111 Melville Street Vancouver, BC V6E 3V6 Canada</p> <ul style="list-style-type: none"> You may also pay by wire transfer. Please call University Canada West for details at: 604.915.9607. Note that the application fee is non-refundable. 	<p><u>I wish to pay by:</u></p> <p><input type="radio"/> Cash/debit card (in-person only) <input type="radio"/> Money Order <input type="radio"/> Cheque</p> <p><input type="radio"/> Credit card (select one):</p> <p><input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> American Express</p> <p>_____</p> <p style="text-align: center;"><i>Name on credit card</i></p> <p>_____</p> <p style="text-align: center;"><i>Card Number</i></p> <p>_____</p> <p style="text-align: center;"><i>Expiry Date (MM/YY)</i></p> <p>_____</p> <p style="text-align: center;"><i>Signature of Card Holder</i></p>
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Declaration: I hereby declare that the information I have submitted in this application for admission is true and correct to the best of my knowledge. I understand that completion of this signed application permits University Canada West to request and/or confirm any information necessary to support my application for admission, and that submission of any false statements or documents will result in the immediate cancellation of admission and registration. University Canada West is committed to using personal information collected in accordance with applicable provincial and federal privacy legislation. By completing this form, I am consenting to have the University use the submitted information for the purposes consistent with academic and support services of a post-secondary educational institution.

Signature _____ *Date*

Application Checklist

- 1. Application form
- 2. Application fee \$150 CDN (non-refundable)
- 3. Official Transcripts of all secondary and post-secondary institutions attended
- 4. English proficiency test score i.,e. IELTS, TOEFL, LPI. Score must be within two years.
- 5. International Applicants: First term payment is due and payable in full upon receiving the “Eligibility for Admission” letter.

MBA Applicants must also include:

- 6. Résumé
- 7. Letter of Intent
- 8. GMAT or GRE Score
- 9. 2 reference letters

Upon receipt of the above documents, your application for admission will be reviewed to determine admissibility. A Letter of Admission will be issued once all your official documents have been received by the UCW Registrar’s Office.