Applicant - Type or print clearly

1. Name									
Last Name	First Name(s)				☐ Mr.	☐ Ms.			
Please ensure that your mailing accan update your address by signing					vithout a cu	ırrent mailing	gaddress	on file. You	
()	()							
Telephone	Mobi	bile Phone E-mail							
Date of Birth (dd/mm/yyyy)	Perso	onal Education N	lumber (PEN)						
2. Citizenship Canadian	Citizen		Permanent Resident (Visa students are not eligible to apply)						
3. BCIT Information Registered	l with Aboriginal S	Services	Registere	d with Disability R	esource Cent	tre			
Name of BCIT program you have applied	1 to								
Start Date (if known) (dd/mm/yyyy)	Chos	en Option (if app	plicable)						
4. Education Record									
List the last secondary school you most recent. Provide copies of all			all the post-se	condary institut	tions you h	ave attended	, starting	g with the	
Name of Secondary School and name of Post Secondary Institutions		City/Province/Country		Dates Attended mm/yyyy From To		Graduat mm/yyyy	ion Date		
5. Personal Statement Describe your achievements and pattending BCIT. Include any award a typed statement if more space i	d-specific infor	mation reques	sted in the desc	-		_	-		

Application Form B

Please tell us what volunteer and leadership activities in school and/or in the community, extra-curricular or school club and athletic involvement you have had during the past three years.

Volunteer Work				
Organization	Short Description of Your Involven	nent	Start/End Dates	Hrs/Week
Extracurricular, Artistic, Athletic A	⊥Activities			
Activity	Short Description of Your Involvem	nent	Start/End Dates	Hrs/Week
List any awards received	1			
6. Use of Personal Information No	otification			
For individuals granted awards, BC	CIT releases personal informa	ation to award don	ors, and provincial funding agencies. BCIT	uses the name
· · · · · · · · · · · · · · · · · · ·			ram name, and the name or criteria of any	
marketing materials for the purpos information use, you may contact			I their achievements. For questions about y	our personal
	·	_		to consol this
application if the information cont			correct. I understand that BCIT has a right	to cancer this
Date	Applicant Signature			
Application Checklist: Assemble	your application in the foll	owing order		
1. Completed Form A		5 Post-saco	ndary institution transcript(s)	
2. Completed Form B			ecific information (if required)	
3. Personal Statement – Form B	, Section 5		d Form C (if required)	
4. Secondary school transcript			leted Form D or confidential reference letters	(if required)