

# Contract Application for Admission

Please complete all sections of this application

## OFFICE USE ONLY

Date Received:

CPC:

VIU Student Number (for returning Students)	Which Course/Program are you applying to?
--	---

### Personal Information

Legal First Name (no initials)	Middle Name(s) (no initials)	Last Name
Maiden Name/Previous Name (if applicable)		Preferred Name
Mailing Address		City
Province	Postal Code	Country
Telephone (Primary) (     )	Telephone (Other) (     )	Email
Date of Birth year   month   day	Citizenship <input type="checkbox"/> Canadian <input type="checkbox"/> Permanent Resident (documentation required) Country of Citizenship _____	
Gender Identity <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-binary	Social Insurance Number (optional)	

### To Serve You, Please Answer These Optional Questions

Vancouver Island University is dedicated to supporting Aboriginal students in their efforts to achieve their goals.

Do you identify yourself as an Aboriginal person of Canada, that is, First Nations, Metis, or Inuit?  Yes  No  I prefer not to answer this question.

If you identify yourself as an Aboriginal person, are you (please check all that apply)  First Nations? (Status, Non-Status, Treaty, Non-Treaty)  Metis?  Inuit?

### Emergency Contact

Name	Telephone (     )	Email
------	----------------------	-------

### PLEASE READ THE FOLLOWING BEFORE SIGNING COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

The personal information on this form is collected under the authority of the University Act (RSBC 1996, ch.468). I understand that VIU will use and maintain the information for the purposes of admission, registration, student support services, research, administration and reporting requirements, alumni and development, administration of the Student Union Health and Dental plan, and wother activities related to delivery of programs, courses, events and recreation by VIU. Note that in providing VIU with an email address you acknowledge that VIU may send confidential information about you to this address, consistent with Section 26 of the Freedom of Information and Protection of Privacy Act. VIU's administration calls for creating a digital photo image of each student that is used for purposes of validating the student as a member of the VIU community to gain access to campus services. The personal information will be used to verify the student Personal Education Number (PEN), required by the province of British Columbia, or to assign the PEN to students. The PEN is used to measure participation of the population in the post-secondary sector and for research and evaluation. For individuals admitted to a co-admission program with VIU partner institutions, I understand that all details of my application, studies, and student conduct record will be shared openly between VIU and the partner institution. For individuals granted awards, VIU releases personal information to award donors and provincial funding agencies. In addition, VIU uses the name of the award winners and/or photo images, municipality of residence, VIU program name, and the name or criteria of any award won in marketing materials for the purpose of publicizing VIU students, graduates, and their achievements. Students names and contact information will also be shared with the VIU Students' Union. The use of this information will be in compliance with the Freedom of Information and Protection of Privacy Act. For questions about your personal information use, you may contact VIU's Director, Freedom of Information and Protection of Privacy at 900 Fifth Street, Nanaimo, BC, V9R 5S5, or telephone 250.740.6564.

### APPLICANT STATEMENT

I certify that all statements on the application are true and complete. I understand that misrepresentation of this information in any material way may result in cancellation of my admission or registration status. I understand that submission of this application in no way guarantees admission to a program or course, and that admission is subject to meeting Vancouver Island University Program or Course prerequisites and space availability. I agree to abide by the rules and regulations of Vancouver Island University as published in the online official Calendar, and those of the department and program in which I shall be registered, and any changes which may be made while I am a student at the University.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_