



University of Victoria

Separate and return this completed form to:

UNDERGRADUATE ADMISSIONS

University of Victoria
PO Box 3025 STN CSC
Victoria BC V8W 3P2 Canada
Phone: 250-721-8121 Fax: 250-721-6225 Web: http://registrar.uvic.ca

iec online GmbH
Marienstrasse 19/20, D-10117 Berlin
Tel. +49 (0)30-20458687
www.ieconline.de

For office use only

Application for admission to undergraduate studies

This form is for the use of applicants for FIRST ADMISSION to undergraduate credit courses and programs only. If you have previously registered in a credit course please do not use this form. See https://registrar.uvic.ca/undergrad/records/forms/forms.html for the Reregistration Application.

PERSONAL INFORMATION

Mr Mrs Ms Miss Other

Family name

Given name Middle name

Previous family name (if applicable)

Preferred first name

Gender Male Female Date of birth DD MM YYYY

Canadian Social Insurance Number (if applicable)

MAILING ADDRESS

(Note: It is the responsibility of the applicant to update address information online at www.uvic.ca/webview).

Apt. number / Street / Box number / RR/SS, Site, Comp

City or town

Province and country Postal code

Area code Home telephone Alternate telephone

Email address (The University of Victoria may contact you by email)

ACADEMIC INFORMATION (Refer to SECTION C for application and documentation deadlines)

When do you wish to begin attendance September January May July

Are you applying for off-campus courses?

Are you planning to take UVic credit courses offered through Continuing Studies?

Are you intending to complete a UVic undergraduate degree?

Are you applying as a Visiting Student on a "Letter of Permission"?

Name of institution

Do you have or will you have a previous degree by the time you begin attendance at UVic?

PROGRAM (Refer to SECTION D)

Choose a faculty and program of study selected from Section D and indicate your choice below.

FACULTY OF PROGRAM

Education applicants: Do you hold a valid Teaching Certificate? Yes No Have you completed a Teacher Certificate Program? Yes No

If applying for the Post Degree Professional Program—Secondary, please state teaching area(s):

Kinesiology applicants: Do you wish to be considered for the Co-op option? Yes No

Music applicants: Instrument

IMMIGRATION STATUS

- Canadian citizen
Permanent resident/landed immigrant
Study permit/student visa
Diplomat
Minister's permit

If you are not a Canadian citizen, indicate your country of citizenship.

ENGLISH LANGUAGE PROFICIENCY

What is your PRIMARY LANGUAGE?

Applicants whose primary language is not English are required to demonstrate competency in the English language prior to admission. Please refer to Section B to determine if you are required to demonstrate competency in English.

Year

Yes No

Yes No

Yes No

Yes No

Yes No

**UNIVERSITY OF VICTORIA APPLICATION FOR ADMISSION TO UNDERGRADUATE STUDIES CONTINUED**

**ACADEMIC HISTORY**

**A) Secondary schools (All senior, junior, middle schools attended, LIST MOST RECENT FIRST).**

Date of graduation (or expected date of graduation) Month \_\_\_\_\_ Year \_\_\_\_\_

PERSONAL EDUCATION NUMBER (for BC students only) \_\_\_\_\_

ONTARIO UNIVERSITIES' APPLICATION CENTRE REFERENCE NUMBER (Ontario students only) \_\_\_\_\_

Name of secondary school (do not abbreviate)	Province/state/country	Grade/level	From m m / y y y y	To m m / y y y y

**B) List all college, university, and other post-secondary institutions in which you registered for a course or are currently attending, including withdrawals, incomplete or failed studies (LIST MOST RECENT FIRST). Official transcripts will be required in any of these cases.** If you register at any post-secondary institution after submission of this application you must notify Undergraduate Admissions in writing and submit official transcripts.

**REQUIREMENT TO DISCLOSE INFORMATION:** Applicants are required to disclose all secondary and post-secondary institutions where any course registrations were made, and arrange for all official transcripts to be sent directly to Undergraduate Admissions. Applicants who fail to meet these requirements may lose transfer credit and/or have their admission and registration cancelled.

Name of post-secondary institution (do not abbreviate)	Province/state/country	From m m / y y y y	To m m / y y y y	Degree/diploma earned	Date conferred m m / y y y y

Non-refundable application fees enclosed (see Section A, Step 7)    To pay application fees by    MasterCard    VISA    American Express    Cheque/money order

Credit card number \_\_\_\_\_ Expiry date \_\_\_\_\_

**PERMISSION TO RELEASE PERSONAL INFORMATION**

If you anticipate that a family member or representative will be inquiring about your application on your behalf and you wish that person to have access to that information, we require your written permission before any personal information is released.

I hereby consent to the release of information concerning my application for admission during the application evaluation period to:

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

**VOLUNTARY DECLARATION**

The information in this section is collected to assess the university's progress toward meeting its commitment to increase diversity in student recruitment and retention. Your response to these questions is voluntary. Information collected in this section will not be used for admission decisions. It will be used only for statistical purposes, unless you provide specific permission to share this information with appropriate student services.

If you are a member of one or more of these groups, please check off the appropriate items below. Please note that a person may belong to more than one designated group.

- I am an Aboriginal person of Canada: Métis, Inuit, First Nations, or non-status Aboriginal person.
  - Please forward this information to appropriate Aboriginal services on campus.
- I have an ongoing disability.
  - Because of my circumstances, I may need assistance in order to participate in my program. Please forward this information to appropriate services available to students with a disability.
- I am a member of a visible minority (a member of an ethnic or racial group other than Aboriginal peoples, who are non-Caucasian or non-white in colour, regardless of birthplace).
- I am a person of a minority sexual orientation or a transgendered person.

**DECLARATION**

I accept and submit myself to the statutes, rules, regulations and ordinances of the University of Victoria as authorized by the Senate and the Board of Governors and the faculty or school in which in due course I shall be registered and to any amendments thereto which may be made while I am a student of the University and I promise to observe the same. I consent and authorize the disclosure of any information to the University of Victoria by an educational institution for the purpose of verifying information provided as part of this process and I understand that an admission or registration granted on the basis of this application may be revoked if the answers given above are untrue in any material respect.

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

The University of Victoria collects the personal information on this form pursuant to the University Act, RSBC 1996, c.468 and section 26 of the Freedom of Information and Protection of Privacy Act. The information is used for the purpose of admission, registration and other decisions on your academic status and for the purposes consistent with other programs and activities of the University and may be used for research purposes but in those cases, individual identities will not be disclosed. Personal information is reported to Statistics Canada under the legal authority of the Statistics Act (see [www.statcan.ca/english/concepts/ESIS](http://www.statcan.ca/english/concepts/ESIS)). If you wish further information contact the Office of the Administrative Registrar for an information sheet.

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