

Check off "September" as the start date

Enter the year you will be starting classes at UFV

Enter "Early Application Bachelor of Science"



APPLICATION FOR ADMISSION

Complete in dark blue or black ink, sign, and return this form to an Admissions & Records office (address on reverse) along with the non-refundable application processing fee (see reverse for applicable amount).

Preferred start date (select one only)
 Sept Jan May
 Year: _____

Program
 Certificate Diploma Associate degree Degree

Preferred campus
 Abbotsford Chilliwack Mission Hope Centre

Indicate specific program from list on reverse: _____

Have you ever applied to UFV? Y N
 yes no

UFV student number (if known): _____

Legal last name (family name) _____ Legal first name (in full) _____ Middle name (if applicable) _____
 Former last name _____ Preferred first name _____
 Mailing address (street number, street) _____
 City or town _____ Province or state _____ Country (if not Canada) _____ Postal code _____
 Primary phone _____ Alternate phone _____ Email address _____
 Area code _____ Area code _____ Local _____
 Gender: M male F female
 Birthdate: Y Y Y Y | M M M | D D
 Citizenship: Canadian citizen Landed immigrant Other (contact A _____)
 What is your first language (mother tongue)? _____
 (OPTIONAL) Do you identify yourself as an Aboriginal person? Y yes N no
 If yes, are you: First Nation Métis Inuit

If you will require support from Disability Services, please call 604-864-4609 (Abbotsford) or 604-795-2843 (Chilliwack).

Check off "11" as the Highest Grade Completed

Secondary education
 BC personal education number: _____ For BC students, grade 12 during or after 1990
 What was the main language of instruction in your last two years of high school? _____
 High school name _____ City & province/state _____ Country _____
 Dates attended: Y Y Y Y | M M M to Y Y Y Y | M M M
 Graduation date (if applicable): Y Y Y Y | M M M
 Highest grade completed (or in progress): 7 or less 8 9 10 11 12 13 CED

Post-secondary institutions attended (You MUST report all post-secondary institutions attended — attach list if required.)

1 Name of institution _____ Dates of attendance: Y Y Y Y M M M to Y Y Y Y M M M Location: _____ Degree, diploma, or certificate awarded: _____	2 Name of institution _____ Dates of attendance: Y Y Y Y M M M to Y Y Y Y M M M Location: _____ Degree, diploma, or certificate awarded: _____
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Declaration: To the best of my knowledge, all of the information listed above is correct. If I am admitted to the University of the Fraser Valley, I agree to abide by its policies and regulations. I understand that the information I provide to UFV will be used for the purposes of admission, registration, research, and other purposes consistent with the University Act and the Freedom of Information and Protection of Privacy Act. Documents may be released to partner institutions in order to process UFV degree applications. The name, ID number, and address of registered students will be given to the Student Union Society for voting and membership purposes.

Application processing fee
 Fill in applicable amount from information on reverse: \$ _____
Method of payment
 Cheque MasterCard
 VISA American Express

Card number: _____ Expiry date: _____
 Applicant's signature: _____ Date: _____
 Cardholder's signature: _____

OFFICE USE ONLY
 Term: _____
 Admit Admit conditionally Not admitted Other
 Dept. comments: _____
 Dept. head's signature: _____ Date: _____
 Application received/postmarked: Y Y Y Y | M M M | D D
 Decision code: _____ Initials: _____

LABEL

Revised: 15-Feb-2010