

Start dates:

Please see reverse for details on completing and submitting this application.

May - Khalsa Advanced Bridge Certificate in Criminal Justice - Khalsa College
January - Master of Arts in Criminal Justice - UFV campus

Have you ever applied to UFV?	<input type="checkbox"/> Y yes	<input type="checkbox"/> N no	UFV student number (if known):										
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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 (include country and city codes)		Alternate phone		Email address			
Area code		Area code		Local			
Gender		Birthdate		Citizenship			
<input type="checkbox"/> M <input type="checkbox"/> F		Y Y Y Y M M M D D		<input type="checkbox"/> Canadian citizen <input type="checkbox"/> Landed immigrant <input type="checkbox"/> Other (please specify) _____			
What is your first language (mother tongue)? _____		(OPTIONAL) Do you identify yourself as an Aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you: <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit					
If you will require support from the Disability Resource Centre, please call 604-864-4609 (Abbotsford) or 604-795-2843 (Chilliwack).							

Academic history Please report ALL post-secondary institutions attended — attach list if required.	Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of graduation (month/year): _____
	What was the main language of instruction in your last two years of high school? _____

Dates attended Month/Year to Month/Year	Name of institution	Location City & Country	Degree/Diploma Awarded/expected	Date Awarded/expected	Language of instruction

Research interests:

References (three individuals whom you have asked to send in references on your behalf)

Name	Organization

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. The name, ID number, program and address of graduates will be given to the UFV Alumni Association.

Applicant's signature (required) _____ **Date** _____

OFFICE USE ONLY			LABEL
Date application received/postmarked	Decision code	Initials	
Y Y Y Y M M M D D			Revised: Feb 24, 2011

International Graduate Application processing fee

Method of payment
 Cash
 Cheque
 VISA
 MasterCard
 American Express

\$ 250	Card number	Expiry date	Cardholder's signature

English Assessment Score(s): (attach copy if available)			
IELTS Overall Band Score:		Lowest Band Score:	
Address in Canada (if known)			
Apartment/Street Number	Street	City	
Province	Postal/Zip Code	Telephone	Fax
Emergency Contact			
Name			
Relationship		E-mail	
Street		City	
Province	Postal/Zip Code	Telephone	Fax
Other Information			
Are you in Canada now? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, what type of immigration permit do you currently have? <input type="checkbox"/> Study Permit (provide photocopy) <input type="checkbox"/> Visitor Permit <input type="checkbox"/> Other (specify):			
Are you here on a <input type="checkbox"/> Scholarship? or <input type="checkbox"/> Sponsorship? Name of Scholarship/Sponsorship: _____			
What did you do last year? <input type="checkbox"/> Secondary School <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> Work <input type="checkbox"/> Other			
Where did you live last year? City / Country:			
Transferring from another Canadian post-secondary school <input type="checkbox"/> Participating in a Student Exchange Program <input type="checkbox"/>			
Are you referred to UFV by an agent? Yes <input type="checkbox"/> No <input type="checkbox"/>		Agency or Agent Number:	
Please check <input checked="" type="checkbox"/> services you will require: <input type="checkbox"/> Residence <input type="checkbox"/> Airport Reception How did you hear about UFV? <input type="checkbox"/> Website <input type="checkbox"/> Education Fair <input type="checkbox"/> Agency <input type="checkbox"/> Friend <input type="checkbox"/> Advertisement <input type="checkbox"/> School <input type="checkbox"/> Other : _____			
Declaration: I hereby authorize UFV to release regular progress reports and/or transcripts of my record to: <input type="checkbox"/> Parents, <input type="checkbox"/> Agency, and/or <input type="checkbox"/> Other Educational Institute or Government Agency			
Signature: _____		Date: _____	
Remember to enclose: <input type="checkbox"/> Non-refundable application fee \$250 CAD <input type="checkbox"/> 3 references <input type="checkbox"/> 5- to 10-page sample of your writing <input type="checkbox"/> IELTS scores <input type="checkbox"/> Copy of your passport <input type="checkbox"/> Your résumé		<input type="checkbox"/> We also need to receive official transcripts, both for undergraduate and post-graduate studies, sent in a sealed envelope from the institution(s) where you have studied. The transcripts must bear the official institution seal or authorizing signature.	
Submit your application to: UFV International 33844 King Road, Abbotsford, BC, Canada, V2S 7M8 Telephone: (604) 854-4544 Fax: (604) 855-7153 Email: international@ufv.ca Website: www.ufv.ca/international		Mail your transcripts to: UFV — Admissions 33844 King Road, Abbotsford, BC, Canada, V2S 7M8	