

# Application for Reactivation

## FOR DOMESTIC STUDENTS

International applicants should use the web form at [sites.langara.ca/global/international-regular-studies-deferral-request](https://sites.langara.ca/global/international-regular-studies-deferral-request) to submit their application for reactivation request.

If applicants do not register in the semester to which they have been admitted, their application becomes inactive. Reactivation of an application is free if the reactivation request is made for the two semesters immediately following the semester for which the application was made.

Domestic applicants should email completed form to [admissions@langara.ca](mailto:admissions@langara.ca).

INTENDED PROGRAM(S) OF STUDY		PROGRAM INTAKE		
A		<input type="radio"/> Jan	<input type="radio"/> May	<input type="radio"/> Sept
B		<input type="radio"/> Jan	<input type="radio"/> May	<input type="radio"/> Sept
PERSONAL INFORMATION				
Langara ID: _____		Date of birth (YYYY/MM/DD): _____		
Legal first or given name: _____		Legal middle name: _____		
Legal last or family name: _____				
Preferred first name (optional): _____		Former last or family name: _____		
STUDENT CONTACT INFORMATION				
Email address of applicant: _____ <i>(Email is the primary form of communication from Langara)</i>				
Primary telephone: _____		Alternate telephone: _____		
Mailing address: _____				
City: _____		Province: _____	Country: _____	Postal code: _____
SELF IDENTIFICATION				
Do you identify yourself as an Indigenous person of Canada as defined by Section 35, Powley, or Daniels?				
<input type="checkbox"/> Yes    If yes (optional): <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit    Community: _____				
Do you expect to receive sponsorship from your band? <input type="checkbox"/> Yes <input type="checkbox"/> No    Band: _____				
Have you lived as a youth in care in British Columbia? This is a voluntary declaration. <input type="checkbox"/> Yes <input type="checkbox"/> No				

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## COLLECTION, USE, AND DISCLOSURE OF STUDENT INFORMATION

Langara College collects the information on this form under the authority of the College and Institute Act [RSBC 1996, Chapter 52, Section 41.1]. This information is needed, and will be used, for purposes that are consistent with activity necessary to the operation of the College and in compliance with the provisions of the Freedom of Information and Protection of Privacy Act [RSBC 1996, Chapter 165]. This information will be used for admission, registration, and maintenance of your student record. Information is shared with with Langara College Advancement, Alumni Relations, Langara College Foundation, and the Langara Students' Union.

The personal information you provide on this form may be shared with the Ministry of Education and will be used to verify your British Columbia Personal Education Number (PEN) or assign one to you. The personal information you provide and your PEN are used for authorized statistical and research purposes only.

Some courses may require students to use electronic instructional resources where students log in by entering personal information, such as name and email address, which is then stored on servers located outside Canada.

For questions about the collection, use and disclosure of your personal information, contact the Registrar at 604.323.5241.

## DECLARATION OF APPLICANT

I certify and agree to the following:

- All statements on this application and supporting documents are true and complete.
- I authorize Langara College to verify any information provided as part of this application.
- I understand that evidence of falsified documents or misrepresentation will result in the cancellation of my admission or registration.
- I understand that information about falsified documents is shared with other Canadian colleges and universities.
- I understand and acknowledge that it is my responsibility to be aware of, and comply with, all Langara College policies and procedures.
- I understand that Langara College reserves the right to request original documentation/transcripts at any time.
- In consideration of Langara College permitting me to participate in any program, I hereby release Langara College, its officers, employees, servants, agents, contractors, and subcontractors from any and all claims and waive any and all claims I may have now or in the future against Langara College, its officers, employees, servants, agents, contractors, and subcontractors that arise out of or are related in any way to my involvement in any program and all associated activities.

In addition to the above, all International Student applicants also certify and agree to the following:

- I understand that the Authorized Representative is permitted to represent me up to and including my first day of LEAP or Regular Studies classes only.
- I agree to purchase medical insurance if needed to cover my period of study.

Admission is subject to assessment of qualifications and availability of seats. Admission to the College does not guarantee the availability of any individual course.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date Signed (YYYY/MM/DD)

**snəwəyət leləm.**

THE COLLEGE OF HIGHER LEARNING.

**Langara.**

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