Application for Admission

FOR INTERNATIONAL STUDENTS

snəw̓eyəɬ leləm̓. THE COLLEGE OF HIGHER LEARNING.

Langara. THE COLLEGE OF HIGHER LEARNING.

This form is for international students applying to programs at Langara College. Domestic students must complete a domestic application form. Applications for regular studies programs may also be submitted online at **www.langara.ca/apply**.

Langara Identification Number: _____
(Leave blank if you do not have one)

PEN Number (Personal Education Number): _____
(Required for BC Grade 12 students, leave blank if you do not have one)

PROGRAM

Please indicate the program you are applying for and the start month and year.
Program start dates vary, visit the program page at **www.langara.ca** or **www.langara.ca/cs** to learn more.

First choice program: _____ Start date: _____
(If LEAP, please indicate future program under second choice)

Second choice program: _____ Start date: _____

PERSONAL INFORMATION

Legal names are shown on your birth certificate or passport (if you didn't legally change them later).

Legal first or given name: _____ Legal middle name: _____

Legal last or family name: _____

Preferred first name (optional): _____ Former last or family name: _____

Date of Birth: _____ Select your gender identity: ☐ Woman ☐ Man ☐ Non-binary ☐ Choose not to disclose

Are you someone with trans experience? Trans experience means your gender identification does not align with the sex you were assigned at birth.

☐ Yes ☐ No ☐ Choose not to disclose

Country of citizenship: _____

Select Visa status: ☐ Study Permit/Student Visa ☐ Temporary Resident/Visitor ☐ Other

STUDENT CONTACT INFORMATION

If you use a representative, please fill consent for authorized representative on page 3.

Email address of applicant: _____
(Email is the primary form of communication from Langara):

Primary telephone: _____ Alternate telephone: _____

MAILING ADDRESS

Street address line 1: _____ Street address line 2: _____

City: _____ Province/State: _____ Country: _____ Postal Code: _____

Emergency contact name: _____ Emergency contact phone number: _____

ACADEMIC RECORD (SECONDARY AND POST-SECONDARY)

Include proof of English language proficiency, such as English tests results (TOEFL, IELTS, LET, etc.), with your application. For specific program requirements and supporting documents, check program webpage.

PREVIOUS SECONDARY AND POST-SECONDARY INSTITUTION(S)	PROVINCE/COUNTRY	CREDENTIAL EARNED	START DATE	DATE OF GRADUATION

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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 College Advancement 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.

For questions about the collection, use and disclosure of your personal information, contact Registrar and Enrolment Services at 604.323.5241 or the Dean of Continuing Studies at 604.323.5322.

DECLARATION OF APPLICANT

☐ By submitting this form I certify that a) I am the person named in "Personal Information" or that I am an agent acting on behalf of the applicant with their permission, and b) I agree to the following:

- I understand that the Authorized Representative is permitted to represent me up to and including my first day of classes only, unless stated otherwise on the attached Use of a Representative form (not applicable to LEAP students).
- 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.
- 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.

_____ _____

Print name **Date**

APPLICATION CHECKLIST

☐ Completed application form
☐ Application fee (Note 1)
☐ Official transcripts and graduation document(s) with certified English translations Note 2)
☐ Official score report of English language test, if applicable (Note 3)

Note 1: The application fee is non-refundable. Please refer to Langara's refund policy, **www.langara.ca**, for more information.

Note 2: International students may submit electronic (scanned) copies of official documents, including official transcripts and graduation document(s), unless specified otherwise in specific program requirements. All scanned documents must be in PDF format, in colour, show the entire page, and include both sides (front and back, even if blank) of all pages. Original documents may be requested at any time. Students who fail to provide official documents as requested may have their application cancelled. Submitted documents will not be returned.

Note 3: Students applying to LEAP do not need to supply an English language test score.

ADDITIONAL SERVICES

For inquiries about the Langara Homestay Program, please visit **www.langara.ca/homestay** to learn more.

Submit completed application form with supporting documents and correct fee:

- Online through **feeportal.langara.ca** (search for International Application)
- In person, with cash, cheque, Visa or MasterCard: Registrar and Enrolment Services (1st floor T building)
- By mail with cheque: Registrar & Enrolment Services, Langara College 100 West 49th Ave, Vancouver BC V5Y2Z6

Additional supporting documents can be sent to ieadmissions@langara.ca, unless specified differently on program webpage. If applying to LEAP only, please send to ieleap@langara.ca.

Use of a Representative

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STUDENT INFORMATION

Full legal surname/family name

Legal first name

Legal middle name(s)

Program

Semester

Langara Identification Number *(Leave blank if you do not have one)*

REPRESENTATIVE INFORMATION

I have chosen the person/company stated below to receive all my correspondence and act as my representative.

- ☐ Relative
- ☐ Agent
- ☐ Other: _____

Full name

Company or relationship

Address

Telephone

Fax

Email address of applicant *(This will be the primary email for all Langara Admissions communications)*

I authorize the person/company stated above to access all of my educational information:

- ☐ Until the first day of classes
- ☐ From now until: _____

CONDITIONS

☐ By submitting this form I certify that a) I am the person named in "Personal Information" or that I am an agent acting on behalf of the applicant with their permission, b) the information I have submitted is true, and c) I agree to the following:

1. I understand that the Authorized Representative is permitted to represent me up to and including the end date I have selected.
2. I understand that my personal information is protected under the provisions of the British Columbia Freedom of Information and Protection of Privacy Act [RSBC 1996, Chapter 152] and will be used by Langara College for research and statistical purposes subject to the provisions of the Act.
3. I understand that if I wish to extend the authorization period I have selected above, it is my responsibility to submit a new consent for authorized representative form.
4. I understand that any request to cancel this authorization before the end date I have selected above must be submitted in writing.
5. In understand that if I have already submitted a Consent for Authorized Representative form, this form overrides the previous one.
6. I understand that it is my responsibility to update my email and phone information on myLangara when the authorization period I have selected above is over.
7. I have read and understood the above statements.

Print name

Date (DD/MM/YY)