

LANGARA IDENTIFICATION NUMBER – leave blank if you do not have one

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ENROLLMENT INFORMATION:

Start Year: _____ Semester: Sep Jan May

Student Information

FULL LEGAL SURNAME/FAMILY NAME: _____ GENDER: Male Female
 LEGAL FIRST NAME: _____ DATE OF BIRTH (DD/MM/YY): _____
 MAILING ADDRESS: _____ PRIMARY TELEPHONE: _____
 CITY: _____ PROVINCE: _____ ALTERNATE TELEPHONE: _____
 COUNTRY: _____ POSTAL CODE: _____ RESIDENCY: Permanent/Citizen International Student
 EMAIL ADDRESS: _____ COUNTRY OF CITIZENSHIP: _____

Education

Names on official documents must match student record. Official name change documents or marriage certificates may be required. Official transcripts are required for all listed institutions:

| Name of Secondary and Post-Secondary Institution(s) | Country | Certification Earned | Date of Grad | | From | | To | |
|---|---------|----------------------|--------------|----|------|----|----|----|
| | | | MM | YY | MM | YY | MM | YY |
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Education

In signing this document, I certify 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 may result in cancellation of my admission or registration. I understand that information about falsified documents is shared with other Canadian college and universities.
- I understand and acknowledge that it is my responsibility to be aware of, and comply with, all Langara College policies and procedures.
- Admission is subject to assessment of qualifications and availability of seats. Admission to the College does not guarantee the availability of any individual course.
- In consideration of Langara College permitting me to participate in the program courses, I hereby release the 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 the College, its officers, employees, servants, agents, contractors and subcontractors that arise out of or are related in any way to my involvement in the program courses and all associated activities.

Yes, I express consent to receive electronic communication such as emails regarding program related news and details. Upon consent, an email will be sent to confirm your subscription to the mailing list. You can unsubscribe at any time.

Signature of applicant: _____

Date (DD/MM/YY): _____

Application Checklist

Please provide the following with your application form:

- Official transcripts from all secondary / post-secondary institutions (We accept scanned transcripts.)
- Letter of Intent
- Resume
- Complete the Application Fee information (see next page)

The information on this form is collected under the authority of the Freedom of Information/Protection of Privacy Act, and is needed to process your application for admission. If you have questions about the collection or use of the information, contact the Dean of Continuing Studies at 604.323.5642.

Return completed application to:
 Email: akennet@langara.ca
 Attn: Program Coordinator, Documentary Production

| |
|---|
| OFFICE USE ONLY DATE RECEIVED: ____ / ____ / ____ |
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Langara College Continuing Studies
 100 West 49th Ave
 Vancouver, BC V5Y 2Z6 Canada

Payment Information

Application Fee Payment

Domestic Student: CAD\$100 (non-refundable)
International Students: CAD\$155 (non-refundable)

- **By phone** to Continuing Studies at 604.323.5322. Please have your contact details and Visa or MasterCard ready.
- **In person**, with cash, cheque, Visa or MasterCard: Continuing Studies front desk (by the Building A main entrance, Langara College Main Campus)

Hours of Operation
Monday to Thursday, 9:00am – 7:00pm
Friday, 9:00am – 4:00pm
Saturday, 9:00am – 3:00pm

- **By mail with cheque:** Langara College Continuing Studies, 100 West 49th Ave, Vancouver, BC V5Y2Z6
- Online through feeportal.langara.ca (available for **International Students only**)
There is an additional form to fill in if you pay online. You do not need to submit English language scores for this program.

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Vancouver, BC V5Y 2Z6 Canada

Letter of Intent

1) List your work experience in both film and general, paid and unpaid. (You can attach a resume if you wish.)

2) List any film projects you have been involved in. Name the film and your role.

3) What films and/or television programs have you watched recently that interested you. Explain briefly why.

4) What is it about the Documentary Production Certificate Program that interests you?

5) Include further information that may be relevant to your application.

6) Please provide information as to where you found out about the program.

- Online Advertisement Other:

Please list any supporting material sent with this application:

- Project(s) – Please provide web link(s):
 Scripts
 Stills
 Other: