

Student Account Creation Form

CONTINUING STUDIES

This form is for domestic students who do not have a Langara student account or Langara ID and would like to register for continuing studies courses online through the [Student Information System](#). If you have previously applied to Langara and believe you may have a Langara ID, do not fill out this form. Instead, contact the Continuing Studies Registrar's Office for more information. See contact information below.

Completion of this form will not provide access to register for regular studies courses. For more information on how to apply for regular studies, visit langara.ca/admissions/apply-to-langara.

Students interested in applying to a full-time continuing studies program or Langara English for Academic Purposes (LEAP) must complete an [Application for Admission Form](#), meet all admission requirements (if applicable), and pay the application fee. Learn more about continuing studies program requirements at langara.ca.

This form does not guarantee course availability. Course registration is on a first-come, first-served basis.

SUBMIT FORM

Email completed form as a PDF to csgeneral@langara.ca.

CONTACT INFORMATION

If you have any questions please contact the Continuing Studies Registrar's Office at 604.323.5322 or csgeneral@langara.ca.

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 (YYYY/MM/DD): _____

Select your gender identity:

- Woman *(People whose current gender is woman. This includes cisgender and transgender people who are women.)*
- Man *(People whose current gender is man. This includes cisgender and transgender people who are men.)*
- Non-binary *(People whose current gender is not exclusively a woman or man. This includes people who do not have one gender, have no gender, are gender fluid, or are Two-Spirit.)*
- Choose not to disclose.

Would you say you are:

- Cisgender *(People whose sex assigned at birth is the same as their gender.)*
- Transgender *(People whose sex assigned at birth is different from their gender.)*
- Choose not to disclose.

Country of citizenship: _____

Select status: Canadian citizen Permanent resident/landed immigrant Other: _____

SELF IDENTIFICATION

Do you identify yourself as an Indigenous person of Canada as defined by Section 35, Powley, or Daniels?

Yes If yes (optional): First Nations Métis Inuit Community: _____

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STUDENT CONTACT INFORMATION

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: _____

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 Continuing Studies Registrar's Office at 604.323.5322 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 the "Personal Information" section above, or I am an agent acting on behalf of the applicant with their permission, b) I 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.
 - 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.
 - 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)

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