

APPLICATION SUPPLEMENT

Date of Application: _____

Name: _____

Langara Identification Number (if applicable): _____

Address: _____

_____ Postal Code: _____

Current Telephone Number: _____ Alternate: _____

E-mail Address: _____

* Note: Please submit any change of information (ie. address, phone number) to the Registrar's Office in writing.

Please complete the following questions. If more room is required, you may attach a separate sheet of paper with the remainder of your answers.

1. What interests you about the Recreation Leadership Diploma Program?

2. What are your professional goals after you graduate with a Diploma?

3. What are your educational expectations from this Diploma program?

4. Are you currently employed in the recreation field? Are you full-time / part-time? What position do you currently hold?

5. Are you planning on pursuing the Recreation Management Degree after graduating from the diploma program?

_____ YES

_____ NO

6. How did you hear about the program? Was there anyone who referred you to the program?

Students who live further away from campus or those balancing a work schedule may take the program full or part-time. Please contact faculty to discuss a part-time schedule.

7. For full-time students, a *minimum* of 12 hours per week spent on out-of-class work will be required; are you prepared to commit to fulfilling this requirement?

_____ YES

_____ NO

_____ I need to discuss this further with a member of the faculty.

*If you are a student with a disability and require accommodations, please contact Disability Services to schedule an appointment. Please visit <http://www.langara.bc.ca/student-services/disability-services> for information and important deadlines.

8. Please provide a telephone number of a relative or friend who may know your whereabouts in case we cannot reach you directly.

Full Name: _____

Telephone Number: _____