



Date of Application: _____

Name: _____

Langara Identification Number (if applicable): _____

Address: _____

Current Telephone Number: _____ Alternate: _____

Fax Number (if applicable): _____

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. How did you find out about the Recreation Leadership Diploma Program and what interests you about it?

2. Where do you see yourself a year after you graduate with a Diploma? (Note: If you are unclear, please comment on how you expect the Program to help you with your goals)

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

4. How do you think you can contribute to the Program?

5. Do you think you may pursue further education following the Diploma or in the future? Do you have any degree programs in mind?

6. Learners 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.

For full-time student, 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.

7. Do you have any disability for which you require any accommodation? Please note: Students may consult with the Disability Services Office regarding any necessary accommodation.

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

Full Name: _____

Telephone Number: _____

For detailed background information, visit us at <http://www.langara.bc.ca/recreation>