

### 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?

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

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

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

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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?

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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: \_\_\_\_\_