



University of Victoria

## UNDERGRADUATE ADMISSIONS

University of Victoria  
PO Box 3025 STN CSC  
Victoria BC V8W 3P2 Canada  
Phone: 250-721-8121 Fax: 250-721-6225

|   |   |   |  |  |  |  |  |  |  |
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For office use only

# Application for admission as an Accelerated Entry student

### PERSONAL INFORMATION

Mr  Mrs  Ms  Miss  Other \_\_\_\_\_

Family name \_\_\_\_\_

Given name \_\_\_\_\_ Middle name \_\_\_\_\_

Previous family name (if applicable) \_\_\_\_\_

Preferred first name \_\_\_\_\_

Gender  Male  Female  Other \_\_\_\_\_ Date of birth 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
|   |   |   |   |   |   |   |   |
| D | D | M | M | Y | Y | Y | Y |

Canadian Social Insurance Number (if applicable) \_\_\_\_\_

### MAILING ADDRESS

Apt. number / Street / Box number / RR/SS, Site, Comp \_\_\_\_\_

City or town \_\_\_\_\_

Province and country \_\_\_\_\_ Postal code \_\_\_\_\_

( ) \_\_\_\_\_  
Area code Home telephone \_\_\_\_\_ Alternate telephone \_\_\_\_\_

Email address (The University of Victoria contacts students by email) \_\_\_\_\_

### ACADEMIC HISTORY

**Secondary schools (all schools attended, Grades 9 to 12. LIST MOST RECENT FIRST)**

Expected date of graduation MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

Personal Education Number \_\_\_\_\_

| Name of secondary school (do not abbreviate) | Province/state/country | Grade/level | From<br>m m / y y y y | To<br>m m / y y y y |
|--|------------------------|-------------|-----------------------|---------------------|
|  |                        |             |                       |                     |
|  |                        |             |                       |                     |
|  |                        |             |                       |                     |

### CURRENT UVIC STATUS

To help UVic process your application in a timely fashion, please check off the appropriate items below.

- I have previously submitted an application to UVic.
- I have previously registered in courses at UVic. (eg: Accelerated Entry, summerU, winterU, uStart)

My UVic student number is: 

|   |   |   |  |  |  |  |  |  |  |
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### IMMIGRATION STATUS

- Canadian citizen
- Permanent resident/landed immigrant
- Study permit/student visa
- Diplomat
- Minister's permit

\_\_\_\_\_  
COUNTRY OF BIRTH

If you are not a Canadian citizen, indicate your country of citizenship and date of entry into Canada: \_\_\_\_\_

\_\_\_\_\_  
COUNTRY OF CITIZENSHIP

\_\_\_\_\_  
DATE OF ENTRY

### ENGLISH LANGUAGE PROFICIENCY

\_\_\_\_\_  
PRIMARY LANGUAGE

Applicants whose primary language is not English are required to demonstrate competency in the English language prior to admission. Please refer to [www.uvic.ca/esl](http://www.uvic.ca/esl) to determine if you are required to demonstrate competency in English.

## COURSE REGISTRATION

Please indicate the entry point and list the course in which you would most like to be registered. You may list up to three choices in order of preference. If approved for admission we will register you in the course, subject to availability. Please note that not every course is offered each term. Consult the timetable for up-to-date information.

ENTRY POINT:     September     January     Summer session    YEAR \_\_\_\_\_

CHOICE 1: \_\_\_\_\_

CHOICE 2: \_\_\_\_\_

CHOICE 3: \_\_\_\_\_

(Please provide the course code for each choice using the correct prefix and number plus the course reference number, eg: ASTR 101 CRN 16121, as listed in the timetable.)

## FEES (SUBJECT TO CHANGE)

Please provide the following **non-refundable** fee with your application, payable to the University of Victoria. DO NOT SEND CASH:

CHEQUE OR MONEY ORDER     \$15 UVic application fee

## PERMISSION TO RELEASE PERSONAL INFORMATION (PROXY)

The University of Victoria is subject to the Freedom of Information and Protection of Privacy Act. If you anticipate that a family member or other representative will inquire about your application on your behalf and you wish that person to have access to the information, we require your written permission before any personal information is released.

I hereby consent to the release of information to the person listed below *during the application and evaluation period only* to:

NAME \_\_\_\_\_

RELATIONSHIP TO YOU \_\_\_\_\_

## VOLUNTARY DECLARATION

The information in this section is collected to assess the university's progress toward meeting its commitment to increase diversity in student recruitment and retention. Your response to these questions is voluntary. Information collected in this section will not be used for admission decisions. It will be used only for statistical purposes, unless you provide specific permission to share this information with appropriate student services.

If you are a member of one or more of these groups, please check off the appropriate items below. Please note that a person may belong to more than one designated group.

- I am an Aboriginal person of Canada: Métis, Inuit, First Nations, or non-status Aboriginal person.
  - Please forward this information to appropriate Aboriginal services on campus.
- I have an ongoing disability.
  - Because of my circumstances, I may need assistance in order to participate in my program. Please forward this information to services available to students with a disability.
- I am a member of a visible minority (a member of an ethnic or racial group other than Aboriginal peoples, who are non-Caucasian or non-white in colour, regardless of birthplace).
- I am a person of a minority sexual orientation or a transgendered person.

## DECLARATION

I accept and submit myself to the statutes, rules, regulations and ordinances of the University of Victoria as authorized by the Senate and the Board of Governors and the faculty or school in which in due course I shall be registered and to any amendments thereto which may be made while I am a student of the University and I promise to observe the same. I consent and authorize the disclosure of any information to the University of Victoria by an educational institution for the purpose of verifying information provided as part of this process and I understand that an admission or registration granted on the basis of this application may be revoked if the answers given above are untrue in any material respect.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

The University of Victoria collects the personal information on this form pursuant to the University Act, RSBC 1996, c.468 and section 26 of the Freedom of Information and Protection of Privacy Act. The information is used for the purpose of admission, registration and other decisions on your academic status and for the purposes consistent with other programs and activities of the University and may be used for research purposes but in those cases, individual identities will not be disclosed. Personal information is reported to Statistics Canada under the legal authority of the Statistics Act (see [www.statcan.ca/english/concepts/ESIS](http://www.statcan.ca/english/concepts/ESIS)). If you wish further information, contact the Office of the Registrar.

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