

# Application for Admission

## Program Information

Preferred start term:  Winter (Jan.) 2017  Spring (April) 2017  Summer (July) 2017  Fall (Oct.) 2017

Program of Study:  Bachelor of Arts  Bachelor of Commerce  MBA  Visiting Student\*

Preferred Campus:  Vancouver (on campus)  Online

\*A "visiting student" must submit a copy of the Letter of Permission from the home institution.

\*\*Students may be considered for the University Pathway Program, University Access Courses and/or MBA Foundation courses if they do not fully meet degree admission requirements. Please see the Admissions Policy for further information.

## Student Information

Title:  Mr.  Ms.  Mrs.  Dr. LAST/FAMILY Name: \_\_\_\_\_

First name: \_\_\_\_\_ Middle/Other Names: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_ Former Last/Family Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Province/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

\*All correspondence will be sent to this address. You must notify Admissions of any address change.

Phone: (country code)(area code) \_\_\_\_\_ Alternate Phone: (country code)(area code) \_\_\_\_\_

Cell/Mobile: (country code)(area code) \_\_\_\_\_ Email: \_\_\_\_\_

Permanent Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

## Biographical Information

Date of Birth (YYYY/MM/DD): \_\_\_\_\_ Gender:  Male  Female  Other

Citizenship:  Canadian  Other (specify): \_\_\_\_\_

If "other" Canadian Residency or Visa Status:  Permanent Resident  Refugee  Student Visa

Other (specify): \_\_\_\_\_ Country of Origin: \_\_\_\_\_

First language:  English  Other (specify): \_\_\_\_\_

(Voluntary Disclosure) Disability/Medical Condition?:  No  Yes

(Voluntary Disclosure) Do you identify yourself as a Canadian Aboriginal person?  No  Yes

If yes, are you:  First Nations  Metis  Inuit

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## Previous Education

BC PEN (Personal Education Number) leave blank if you do not have one: \_\_\_\_\_

### Secondary School/High School Information:

1. Name of School: \_\_\_\_\_ Province/Country: \_\_\_\_\_

Graduated?  Yes  No Expected Graduation Date: \_\_\_\_\_

Last Date Attended: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

2. Name of School: \_\_\_\_\_ Province/Country: \_\_\_\_\_

Last Date Attended: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

### List all the colleges, universities, and other post-secondary institutions you are currently or have previously attended.

1. Name of School: \_\_\_\_\_

Credential awarded: \_\_\_\_\_ Country: \_\_\_\_\_

Dates of attendance from (YYYY/MM/DD): \_\_\_\_\_ to (YYYY/MM/DD): \_\_\_\_\_

2. Name of School: \_\_\_\_\_

Credential awarded: \_\_\_\_\_ Country: \_\_\_\_\_

Dates of attendance from (YYYY/MM/DD): \_\_\_\_\_ to (YYYY/MM/DD): \_\_\_\_\_

3. Name of School: \_\_\_\_\_

Credential awarded: \_\_\_\_\_ Country: \_\_\_\_\_

Dates of attendance from (YYYY/MM/DD): \_\_\_\_\_ to (YYYY/MM/DD): \_\_\_\_\_

Have you ever been required to withdraw or been expelled from another institution?

No  Yes (specify reason): \_\_\_\_\_

Do you have any professional designation? (eg. CPA, CA, CGA, CMA, CHRP, P.Eng)

No  Yes (specify):  CPA  CA  CGA  CMA  CHRP  P.Eng  Others: \_\_\_\_\_

## Emergency Contact Person

LAST/FAMILY Name: \_\_\_\_\_ First: \_\_\_\_\_

Phone: (country code)(area code) \_\_\_\_\_ Relationship: \_\_\_\_\_

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## Standardized Admission Testing

If English is not your first language or if you are an international student, please indicate the following:

Number of years in English language studies: \_\_\_\_\_

English Language Proficiency test taken:  IELTS  TOEFL  PTE  None  Other: \_\_\_\_\_

Score achieved: \_\_\_\_\_ Date test taken (YYYY/MM/DD): \_\_\_\_\_

For MBA candidates:

GMAT score achieved: \_\_\_\_\_ Date test taken (YYYY/MM/DD): \_\_\_\_\_

GRE score achieved: \_\_\_\_\_ Date test taken (YYYY/MM/DD): \_\_\_\_\_

## Employment Information (optional)

Position title: \_\_\_\_\_ Employer/Company Name: \_\_\_\_\_

Country: \_\_\_\_\_

Dates of employment (from YYYY/MM/DD): \_\_\_\_\_ to (YYYY/MM/DD): \_\_\_\_\_

Job Status:  Full time or  Part time AND  Temporary or  Permanent

## Declaration: I hereby declare that:

- The information I have submitted in this application for admission is true, correct, and complete to the best of my knowledge
- I understand that submission of any false statements or documents will result in the immediate cancellation of my admission and registration
- I understand that completion of this signed application permits University Canada West to request and/or confirm any information necessary to support my application for admission
- I understand and acknowledge that it is my responsibility to be aware of, and comply with, all University Canada West policies and procedures.

## Privacy & Data Protection

The University will review the information provided in this form to determine your eligibility for enrollment with the University, to manage your application and the admission process and, if you are selected and elect to attend, to manage enrollment and attendance at the University, including but not limited to registration, maintenance of your student record, and the provision of services to students. The personal and educational information you provide on this form may be shared with departments of the provincial and federal governments as required by legislation and regulation. Additionally, your application will be received and reviewed by the University's parent company, Global University Systems based in the United Kingdom and the Netherlands and your personal and contact information may be provided to third parties based in the United States or other jurisdictions for the provision of services to students (eg. library databases). Accordingly, please be aware that your personal and educational information will be accessed and stored outside of Canada. The University collects, uses, and discloses your personal information as permitted or required by applicable privacy legislation. If you have any questions, please consult our Privacy Policy <https://ucanwest.ca/media/105004/6751-informationprivacysecurity.pdf> or contact our Privacy Officer at 604.915.9607. By submitting your application and agreeing to the Terms and Conditions, you expressly consent to the collection, use, and disclosure of your personal and educational information as described herein and are hereby notified that your personal information may be accessed and stored outside of Canada.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

# Application for Admission

## TERMS AND CONDITIONS

Before completing this form, please ensure that you have read the full University Canada West Terms and Conditions.

1) All students are responsible for understanding and adhering to UCW policies and procedures as outlined in the UCW Academic Calendar and policy documents available on the UCW website.

2) Tuition Refunds

Refer to Policy 3001 Student Tuition Refunds.

Written notification is required for all cancellations and withdrawals. Refunds will be based on the date of receipt of the official written notification. Note that refunds may take up to 30 business days to allow for processing.

a) Domestic Students

Students who cancel or withdraw from a course up to the DROP/ADD date of the term receive a 100% refund of all monies paid, except the following:

- (1) The non-refundable Application Fee and any other non-refundable fees as identified on the student's fee schedule (see the UCW Academic Calendar)
- (2) Tuition Refund Processing fee (\$250)
- (3) Students withdrawing from courses after the DROP/ADD date receive no refund of course fees.

b) International Students

International students who cancel prior to the start of their program or who withdraw from a course or program up to the DROP/ADD date will receive 100% refund of all monies paid, except the following:

- (1) The non-refundable Application Fee.
- (2) Tuition Refund Processing fee (\$250)
- (3) Penalty of the first term's tuition deposit will be retained for students cancelling due to reasons other than denial of a study visa. This includes students for whom the Letter of Acceptance specified conditions. Students must supply their official visa rejection letter with the Refund Request form.
- (4) Students withdrawing from courses after the DROP/ADD date receive no refund of course fees. International students who violate terms of their study permit and/or student visa are not eligible for refunds. Any tuition fees paid shall be forfeit.

3) Wire Transfers

Any refunds to International students which are provided via wire transfer will have a \$35 processing fee deducted from the refund total.

4) University Limited Financial Liability

The University's financial liability in relation to the student's enrolment is strictly limited to the tuition paid by or on behalf of the student and the refund policy. For greater certainty, the University is not liable for any other cost or loss (direct or indirect) of any kind whatsoever, including, but not limited to, the result of the cancellation or delay in the offering of a course or program, except as provided for through the applicable tuition refund policy. Students should note that any tuition payments received by the University from a government program, an agency, or a person other than the student will be refunded, on behalf of the student to that government, agency, or other person.

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5) Medical Insurance

All on-campus UCW students are required to have current medical insurance while registered at University Canada West. International students must obtain private medical coverage for at least their first three (3) months in BC before they are eligible for coverage through the Medical Insurance Plan of BC.

6) Published Programs

University Canada West reserves the right to alter published programs, course dates, timetables, faculty, course specifications, the content of lectures and/or study materials and locations. The availability of all programs is subject to student demand.

7) Dates of Programs

University Canada West reserves the right to alter start dates of programs. All course timetables are subject to change.

8) Access to Online Resources

University Canada West does not guarantee availability of the online resources and other added-value services due to reasons beyond University Canada West's control, including technical faults and limitations.

9) Limit of the University's Responsibility

The University accepts no responsibility for the interruption or discontinuance of any class or course of instruction because of natural disasters/an act of God, fire, riot, strike, or any cause beyond the control of the University.

10) University's Right to Limit Enrolment

The University reserves the right to limit enrolment or registration in courses, to revise or cancel the curricula, or to cancel or revise any of the programs or courses listed.

11) Exclusion

To the extent permitted by law, we, other members of our group of companies and associated parties exclude all conditions, warranties and other terms which might otherwise be implied by statute, common law or the law of equity.

By submitting this application form, the student agrees to all the terms and conditions set out by UCW.

I accept. By ticking this box I agree to all of the above statements and give my consent to the above terms.

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**Signature**

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**Date**

# Application for Admission

## **Consent to Authorize a Third Party** (eg. Education consultant/agent, UCW academic pathway partner, etc.)

If you are working with an education agent who is assisting you with the application process or if you have a relative or friend who will be the primary contact for the application process, you must provide written consent for UCW to communicate and share information with that person (third party). If you do not provide written consent we may not communicate with that person or group.

Please complete the form below if you wish to have an education agent or other person work with UCW on your behalf.

I am not using a third party and want all correspondence and communication to come directly to me.

### REPRESENTATIVE INFORMATION

I have chosen the person/company stated below to receive all my correspondence and act as my representative.

Relative       Agent

Other (please specify): \_\_\_\_\_

Full Name \_\_\_\_\_ Company or Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone (country code)(area code) \_\_\_\_\_ Fax (country code)(area code) \_\_\_\_\_

Email Address (This will be the primary email for all Admissions communications) \_\_\_\_\_

I authorize the person/company stated above to access all of my educational information:

Until the first day of classes only

From now until \_\_\_\_\_

YYYY/MM/DD

For 12 months following the signed date on this form only

### **Conditions**

1. I understand that the Authorized Representative is permitted to represent me up to and including the end date I have selected.
2. I understand that if I wish to extend the authorization period I have selected above, it is my responsibility to submit a new consent for authorized representative form.
3. I understand that any request to cancel this authorization before the end date I have selected above must be submitted in writing.
4. I understand that submission of this form overrides any Consent to Authorize a Third Party Representative form I may have submitted previously.
5. I understand that it is my responsibility to update and maintain my current email and phone information on MyUCW when the authorization period I have selected above is over.
6. I understand that it is my responsibility to provide local/Vancouver contact information as soon as I arrive in Canada.
7. I have read and understood the above statements.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## **Application Checklist**

All documents submitted to UCW become the property of the University and will not be returned.

1. Completed Application form
2. Copy of Passport Biographical - page and Passport Photo
3. Official Transcripts - Sent directly from your academic institution to UCW in a sealed envelope and confirming the awarding of any completed credentials (eg. high school graduation, Bachelor's degree, etc.)
4. Proof of English Proficiency (IELTS - 6.5 or better with a minimum of 6.0 in the writing band and no band less than 5.5 or equivalent documentation of English proficiency)
5. Résumé/CV
6. Letter of Intent
7. Certified translations of official documents that are not in English (if applicable)
8. Domestic students who are not Canadian Citizens must provide proof of Permanent Residency or Refugee status.

## **Additional documents that MBA applicants must also submit:**

Students must have ONE of the following:

- Acceptable score in GMAT (successful candidates typically score 550 or above) or an equivalent score on the GRE that has been written in the last 5 years
- An appropriate Canadian professional designation or equivalent international designation (such as CPA, CA, CGA, CMA, CHRP, P.Eng, etc.)
- A Bachelor degree in Business Administration (BBA) or Commerce (BCom) or equivalent
- 2+ years of management experience with evidence of career progression

## **Payment Information**

If you wish to pay by cheque or money order, simply print the completed application and mail it along with the payment to:

The Office of the Registrar,  
University Canada West  
Suite 100 – 626 West Pender Street,  
Vancouver, BC, Canada  
V6B 1V9

You may also pay by wire transfer. Please call University Canada West for details.