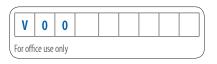


UNDERGRADUATE ADMISSIONS

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



Application for admission to undergraduate studies

This form is for the use of applicants for **first admission** to undergraduate credit courses and programs only. If you have previously registered in a credit course (except through the Accelerated Entry or uStart programs), please apply to reregister: **https://www.uvic.ca/current-students/home/academics/resuming**.

| | | | IMMIGRATION STATUS ○ Canadian citizen ○ Permanent resident/landed immigrant | | |
|---|--|---|--|--|--|
| | | | ○ Study permit/student visa | | |
| | | | ○ Diplomat | | |
| ddle name | | | ○ Minister's permit | | |
| | | | COUNTRY OF BIRTH | | |
| | | | If you are not a Canadian citizen, indicate your country of citizenship and | | |
| Gender • Male • Female • Other Date of birth | | | | | |
| | | | COUNTRY OF CITIZENSHIP | | |
| | DATE OF ENTRY | | | | |
| Apt. number / Street / Box number / RR/SS, Site, Comp | | | | | |
| | | | | | |
| D . I . I | | | PRIMARY LANGUAGE | | |
| Postal code | Applicants whose primary language is not English are required to demonstrate competency in the English language prior to admission. Please | | | | |
| Alternate telephone | | | refer to https://uvic.ca/enpr to determine if you are required to demonstrate competency in English. | | |
| y email) | | | | | |
| | | | | | |
| | ○ Yes | O No | Desired entry point: | | |
| rough Continuing Studies? | → Yes | O No | ○ September | | |
| egree? | → Yes | O No | O January | | |
| , 3 | → Yes | O No | ▼ Summer session | | |
| ermission"? ————— | ○ Yes | ○ No | YEAR: 2024 | | |
| | | | Faculty and program to which you are applying: | | |
| | → Yes | O No | Humanities | | |
| Program? | → Yes | O No | FACULTY | | |
| fessional Program: | | | Certificate in Indigenous Language Revitalization | | |
| | | | PROGRAM | | |
| • | ○ Yes | O No | | | |
| | | | | | |
| | Date of birth Date of birth Postal code Alternate telephone y email) rough Continuing Studies? egree? time you begin attendance at UVic? ermission"? Program? ofessional Program: | Date of birth Date of birth Do MM YYYY Do MM YYYYY Do MM M YYYYY Prostal code Alternate telephone Yes Program? Yes Program? Yes Yes Yes | Postal code Alternate telephone y email) O Yes No rough Continuing Studies? Yes No time you begin attendance at UVic? Yes No ermission"? Yes No ermission No ermission Yes No ermission Yes No ermission Yes No ermission No ermission Yes No ermission Ye | | |

| | | | | | Δ | PPLICATION CONTINU | IFN FROM PRFVIOU | |
|--|---------------------------|-------------------------|--|---|------------------------|----------------------------|-----------------------|--|
| ACADEMIC HISTORY | | | | | A | TI EICHTION CONTINO | ED I NOW I NEVIOU | |
| A) Secondary schools (all schools att | | 9 to 12. LIST | | | | | | |
| Date or expected date of graduation: | MONTH | YEAR | | n Number (BC students onl es' Application Centre Refere | | tudents only) | | |
| Name of accordance about do not | | TEAR | | 23 Application centre hereix | | , | Т | |
| Name of secondary school (do not | appreviate) | | Province/state/country | | Grade | e/level From mm/yyy | To mm/yyyy | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| B) All colleges, universities, and other | | | n which you are or have been regist any post-secondary institution after: | | | | | |
| submit official transcripts. | u III ali cases. Il | r you register at | any post-secondary institution after . | abilitission of this applicati | on you must notil, | y Orlacigraduate Admi. | ssions in writing and | |
| Name of post-secondary institutio | n (do not abbro | eviate) | Province/state/country | From | То | Degree/diploma | Date conferred | |
| | | | | m m / y y y y | mm/yyyy | earned | mm/yyyy | |
| | | | | | | | | |
| | | | | | | | | |
| Applicants are required to disclose all secon | dary and post-se | condary instituti | ons where any course registrations were | made, and arrange for all off | icial transcripts to b | e sent directly to Undergr | aduate Admissions. | |
| Applicants who fail to meet these requirem | ents may iose trai | nster creatt ana/ | or nave their admission and registration | cancellea. | | | | |
| FEES (SUBJECT TO CHANGE | | | | | | | | |
| Please provide the following non-refur submitting your application after the de | | | | by cheque or money ord | er (DO NOT SEND | CASH). A late fee is re | quired if you are | |
| • \$82.50 Application fee for dor | | , , , | , ,,,,,, | ns within Canada) | | | | |
| O \$147.00 Application fee for in | | | | |) | | | |
| • \$41.00 Late fee (applies only t | o applications su | ıbmitted after t | he application deadline) | | | | | |
| PERMISSION TO RELEASE P | ERSONAL II | NFORMATI | ON (PROXY) | | | | | |
| If you anticipate that a family member of | | | | | | | | |
| written permission before any personal | information is re | eleased. <i>I herel</i> | by consent to the release of information | to the person listed below | during the applic | ation evaluation peri | od only to: | |
| | | | | | | | | |
| NAME | | | RELATIONSHIP TO YOU | | | | | |
| VOLUNTARY DECLARATION | | | | | | | | |
| The information in this section is collect questions is voluntary. Information colle | ed to assess the | university's pro | gress toward meeting its commitmer | t to increase diversity in st | udent recruitment | and retention. Your res | ponse to these | |
| information with appropriate student se | | | | | | | | |
| one designated group. | | | | | | | | |
| O I am an Aboriginal person of Canada: Métis, Inuit, First Nations, or non-status Aboriginal person. | | | | • 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, | | | | |
| O Please forward this information | i to appropriate <i>i</i> | ADORIGINAI SERVI | ces on campus. | regardless of bir | | o arc non-caucasian on i | ion-wille III Coloul, | |
| O I have an ongoing disability. | may pood assist | anco in order to | participate in my program. Please | O I am a person o | f a minority sexua | orientation or a transo | jendered person. | |

• 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.

DECLARATION

SIGNATURE

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.

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

DATE