

## MANDATORY APPLICANT QUESTIONNAIRE MARKETING MANAGEMENT

(MARKETING COMMUNICATIONS OPTION)

## **Admissions**

3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2

**Instructions:** 1) Save this PDF to your desktop, 2) Open with Adobe Reader or Adobe Acrobat, 3) Complete all required fields, 4) Save, 5) Close PDF then re-open to ensure the content you filled in has saved, 6) Submit to BCIT.

Your BCIT ID Number	Legal First Name (given name)	Legal Last Name (family name)				
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■ This form is a program entrance requirement and	d submission with your application is mandatory.					
■ You must save this form to your computer and up	■ You must save this form to your computer and upload the completed version to your online application.					
■ The program area will evaluate your answers; ple	ease use proper English, grammar and punctuation.					
DESCRIBE PROGRAM						
In your own words, briefly describe the program you are applying to:						
REASONS FOR SELECTING PROGRAM						
In your own words, briefly state your reasons for selecting this program:						
TYPE OF WORK/SKILLS EXPECTED						
Briefly describe the knowledge, skills, or abilities that you expect to gain by completing this program:						

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PERSONAL STRENGTHS  Briefly describe up to 3 personal strengths that will help you excel in this program:
Strength 1
How will this atrangth halo you in this program?
How will this strength help you in this program?
Characte O
Strength 2
How will this atrongth halo you in this program?
How will this strength help you in this program?
Strength 3
How will this strength help you in this program?

## RELATED EXPERIENCE

Do vou have any relevant experience? Please list below:

Do you have any relevant experience: Flease list below:		
POSITION 1	Start Date	End Date
Type of Position	Position Title	Company Name
	City	Province
Main responsibilities of this position		
1.		
2.		
3.		
Main skills and abilities required in this position		
1.		
2.		
3.		
How is this experience relevant to this program of study?		
POSITION 2	Start Date	End Date
Type of Position	Desires Tills	O N
	Position Title	Company Name
	City	Province
Main responsibilities of this position		
1.		
2.		
3.		
Main skills and abilities required in this position		
1.		
2.		
3.		

How is this experience relevant to this program of study?				
POSITION 3	Start Date	End Date		
Type of Position	Start Date	Liiu Date		
Type of Costion	Position Title	Company Name		
	City	Province		
Main responsibilities of this position				
1.				
2.				
3.				
Main skills and abilities required in this position				
1.				
2.				
3.				
How is this experience relevant to this program of study?				
RELATED ACADEMIC OR COURSE WORK				
Have you done any course work relevant to this program of study (outside of pr	ogram pre-requisites)? O Yes O	No		
If yes, briefly describe.				

PERSONAL INTERESTS / EXTRA-CURRICULAR ACTIVITIES AND HOBBIES
Do you participate in any extra-curricular activities (now or in the past)? (e.g. volunteering, clubs, sports, community involvement)
As a participant O Yes O No (If yes, briefly describe below.)
As a leader O Yes O No (If yes, briefly describe below.)
As a team member O Yes O No (If yes, briefly describe below.)
SPECIAL AWARDS AND CITATIONS
Have you received any special awards or recognition for your accomplishments? O Yes O No
If yes, list here.
in yes, list here.

OUTSTANDING ACCOMPLISHMENTS		
Are there any outstanding accomplishments you would like to share? If yes, briefly describe.		
ADDITIONAL INFORMATION		
Briefly discuss any additional information you feel is important for the Admissions Committee to know in considering your application.		