



# APPLICANT CONFIRMATION OF CASPER TEST REGISTRATION

## 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)

- This form is a program entrance requirement and submission with your application is mandatory.
- You must save this form to your computer and upload the completed version to your online application.

## CASPER CONFIRMATION

Please select one of the following:

- ☐ I have completed the Casper test (CSP-10201 – Canadian Professional Health Sciences) on \_\_\_\_\_ (DD/MMM/YYYY).
- ☐ I have registered for the Casper test (CSP-10201 – Canadian Professional Health Sciences) to be completed on \_\_\_\_\_ (DD/MMM/YYYY).
- ☐ I was unable to register for the Casper test (CSP-10201 – Canadian Professional Health Sciences) due to lack of available dates.

Name	Signature