



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)
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- 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).

SNAPSHOT CONFIRMATION

The following programs require applicants to complete the Snapshot feature as part of the Casper assessment:

- Clinical Genetics
- Medical Radiography
- Nuclear Medicine
- Prosthetics and Orthotics
- Sonography – Cardiac Advanced Diploma

Please select one of the following:

- I have applied to the one of the above programs which require Snapshot, and I have completed Snapshot on _____ (DD/MMM/YYYY).
- I have applied to the one of the above programs which require Snapshot, and I will complete Snapshot on _____ (DD/MMM/YYYY).
- The program for which I am applying does not appear in the above list and does not require Casper Snapshot.

Name	Signature
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