



ALTERNATE ENTRY PRE-ENTRY ASSESSMENT

MASTER OF SCIENCE IN APPLIED COMPUTING

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 A0	Legal First Name (given name)	Legal Last Name (family name)
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- This form is a program entrance requirement for Alternate Entry. Submission with your application is mandatory for Alternate Entry.
- You must save this form to your computer and upload the completed and signed (see below) version to your online application.
- The program area will evaluate your answers; please write in complete sentences (rather than point form).

EDUCATION

Note: total institute credits do not include transfer credits from other institutions.

Post-secondary Institution	Total Institute Credits	Credential Awarded	GPA
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Subjects

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Subjects

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Subjects

WORK/VOLUNTEER EXPERIENCE

Please describe your relevant work experience below.

POSITION 1	Start Date		End Date
	Position Title		Company Name
	City	Province	Country
Main Responsibilities of this Position			
1.			
2.			
3.			
Main Skills of this Position			
1.			
2.			
3.			
How is this experience relevant to this program of study?			

POSITION 2	Start Date		End Date
	Position Title		Company Name
	City	Province	Country
Main Responsibilities of this Position			
1.			
2.			
3.			
Main Skills of this Position			
1.			
2.			
3.			
How is this experience relevant to this program of study?			

POSITION 3	Start Date		End Date
	Position Title		Company Name
	City	Province	Country

Main Responsibilities of this Position

- 1.
- 2.
- 3.

Main Skills of this Position

- 1.
- 2.
- 3.

How is this experience relevant to this program of study?

ADDITIONAL INFORMATION

Briefly discuss any additional information you feel is important for the Admissions Committee to know in considering your application.

Program Coordinator Signature	Date (DD-MMM-YYYY)
Approval to apply <input type="checkbox"/> Yes <input type="checkbox"/> No	Bridging course(s) required prior to acceptance into the MSCAC <input type="checkbox"/> Yes <input type="checkbox"/> No