



MANDATORY APPLICATION QUESTIONNAIRE CLINICAL GENETICS TECHNOLOGY

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 and submission with your application is mandatory.
- You must save this form to your computer and upload the completed version to your online application.
- The program area will evaluate your answers; please 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

In your own words, briefly describe your expectations for your work environment at the completion of the program (type of work, location, setting, etc.):

Briefly describe the knowledge, skills, or abilities that you expect to gain by completing this program:

PERSONAL STRENGTHS

Briefly describe up to 3 personal strengths that will help you excel in this program:

Strength 1

How will this strength help you in this program?

Strength 2

How will this strength help you in this program?

Strength 3

How will this strength help you in this program?

CAREER OBJECTIVES

Briefly describe your career goals upon completion of this program:

EDUCATIONAL OBJECTIVES

What are your objectives for pursuing this program?

RELATED EXPERIENCE

Do you have any relevant experience? Please list below:

POSITION 1 Type of Position	Start Date	End Date
	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 Type of Position	Start Date	End Date
	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 Type of Position	Start Date	End Date
	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 program pre-requisites)? Yes 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 Yes No (If yes, briefly describe below.)

As a leader Yes No (If yes, briefly describe below.)

As a team member Yes No (If yes, briefly describe below.)

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.