



PART-TIME PROGRAM DECLARATION AND TRANSFER CREDIT REQUEST

Student Information and Enrolment Services

3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2, SW1-First floor

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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.

COLLECTION AND USE OF PERSONAL INFORMATION

Personal information on this form is collected under the authority of College and Institute Act, RSBC, 1996, c. 52 and s. 26 of the Freedom of Information and Protection of Privacy Act, RSBC, 1996, c. 165 for admissions, enrolment, decisions on your academic status and other purposes related to you attending a public post-secondary institution in the Province of British Columbia and being a member of the BCIT community including the BCIT Student Association, BCIT Alumni Association, and BCIT Foundation. The information that you provide is used and disclosed for these purposes and only in accordance with the above legislation or as required by provincial or federal government authorities. If you have any privacy questions, please visit bcit.ca/admission/privacy or contact the Associate Director, Privacy; 3700 Willingdon Ave, Burnaby, BC V5G 3H2; tel: 604.432.8508; email: privacy@bcit.ca.

PERSONAL INFORMATION

Fields marked with an asterisk (*) are mandatory.

Your BCIT ID Number (if known) A0	Social Insurance Number (domestic students)*	Personal Education Number (if known)	Birth Date (DD-MMM-YYYY)*
Legal First Name (given name)*	Middle Name	Legal Last Name (family name)*	Previous Last Name (e.g., maiden name)
Preferred First Name	Gender* <input type="radio"/> Man <input type="radio"/> Woman <input type="radio"/> Non-Binary <input type="radio"/> Prefer not to answer	Do you identify as* <input type="radio"/> Cisgender <input type="radio"/> Transgender <input type="radio"/> Prefer not to answer	

CONTACT INFORMATION

Please provide at least one phone number*

Home Mailing Address (number and street)*			Home Phone Number
City*	Province	Postal Code*	Mobile Phone Number
Country*	Personal (non-BCIT) Email Address*		
Emergency Contact Name	Relationship to Student	Emergency Contact Phone Number	

CITIZENSHIP / LANGUAGE

Status in Canada*			
<input type="radio"/> Canadian Citizen	<input type="radio"/> Diplomatic or Official Visa	<input type="radio"/> Live-In Caregiver Work Permit	<input type="radio"/> No Status in Canada
<input type="radio"/> Permanent Resident	<input type="radio"/> Refugee Claimant	<input type="radio"/> Refugee Status	<input type="radio"/> Refugee Status with Study Permit
<input type="radio"/> Study Permit	<input type="radio"/> Visitor Status	<input type="radio"/> Work Permit	
Country of Citizenship*	Country of Birth*	Is English your primary language?*	
		<input type="radio"/> Yes <input type="radio"/> No	

PROGRAM INFORMATION

Trade/Program Name*

TYPE OF CREDENTIAL

<input type="radio"/> Associate Certificate	<input type="radio"/> Certificate	<input type="radio"/> Industry Partnership Certificate	<input type="radio"/> Advanced Certificate	<input type="radio"/> Diploma
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TRANSFER CREDIT REQUEST (OPTIONAL) – Attach official transcript(s) and course outline(s) for all proposed transfer credits.

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Post-secondary Institution	Course Number	Course Name	Grade	Year	BCIT Equivalent Course	Program Area Approval

CONTINUED ON PAGE 2

TRANSFER CREDIT REQUEST (CONTINUED) – Attach official transcript(s) and course outline(s) for **all** proposed transfer credits.

						OFFICE USE ONLY
Post-secondary Institution	Course Number	Course Name	Grade	Year	BCIT Equivalent Course	Program Area Approval
Student Signature*			Date*			

OFFICE USE ONLY

Advisor Comments

BCIT Authorization

Date

DECLARING YOUR PART-TIME STUDIES PROGRAM

It is not required that you apply and are accepted into a part-time studies program before registering for most part-time courses. It is a good idea to complete one or two courses before submitting your program declaration.

Declaring your part-time studies program ensures that BCIT is aware of your intent to complete a program as it is currently outlined. Program declaration guarantees that credit for courses which are currently part of your program will be honoured if program requirements later change.

TRANSFER CREDIT / COURSE SUBSTITUTION REQUEST

If there are courses in your program that you believe you have completed at another institution, you may apply for transfer credit.

It may be possible to substitute courses within part-time studies programs. Please use the Transfer Credit Request section to list proposed course substitutions. The proposed substitutions should have similar course content.

You will need to provide official transcripts, course outlines, and additional information as required. Transcripts must be officially translated into English or French. Course outlines should include descriptions of learning outcomes, course length (total hours), text, and method of evaluation for BCIT to determine equivalency. Contact your previous post-secondary institution to obtain the required documents.

PRIOR LEARNING ASSESSMENT AND RECOGNITION (PLAR)

PLAR assessment for course equivalency based on previous experience may be available. For more information, please see bcit.ca/admission/transfer/plar.

PROCESSING TIME

Please allow at least 8 weeks for processing.

QUESTIONS

Information about part-time studies programs is available online at bcit.ca/study.

Program Advisors can be contacted by email at program_advising@bcit.ca or you can call 604.434.1610 to book an in-person appointment with an advisor. Please have a specific program in mind when you contact an advisor.