



PART-TIME STUDIES REGISTRATION

Student Information and Enrolment Services

SW1-1st Floor, 3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2

T 604.434.1610 F 604.430.1331 TF 1.866.434.1610

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.

Fields marked with an asterisk (*) are **mandatory**.

PERSONAL INFORMATION

Your BCIT ID Number (if known) A0	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="checkbox"/> Male <input type="checkbox"/> Female

CONTACT INFORMATION – All BCIT correspondence will be sent to the address indicated.

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

ABORIGINAL STATUS

Status in Canada* <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Diplomat or Diplomat Dependent <input type="checkbox"/> Live-In Caregiver Work Permit <input type="checkbox"/> Non-Canadian – Distance/Online <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee – Claimant <input type="checkbox"/> Refugee – Status Granted <input type="checkbox"/> Study Permit <input type="checkbox"/> Visitor or Visitor Visa <input type="checkbox"/> Work Permit	Country of Citizenship*	Do you identify yourself as an Aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Country of Birth*	If you identify yourself as an Aboriginal person, are you (please check all that apply): <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit
	Is English your primary language?*	Please send me information on services available to Aboriginal students. <input type="checkbox"/> Yes <input type="checkbox"/> No

REGISTRATION

Course Number	CRN	Course Title	Start Date	Campus	Tuition Fees
TOTAL FEES					\$

PAYMENT – Full payment is required at the time of registration.

<input type="checkbox"/> Money order (payable to BCIT) <input type="checkbox"/> Cheque (payable to BCIT) <small>A service charge will be assessed for any NSF or returned cheque.</small>	Signature*	Date (DD-MMM-YYYY)*
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