

OFFICE OF THE REGISTRAR
Continuing Education
Program Admission Application

This form is to be completed if you are applying to one of the following programs: Career Development Practitioner Program, Community & Workplace Leadership Program, Job Club Leadership Training. Incomplete applications will be returned to the applicant unprocessed.

STUDENT NUMBER									
DATE RECEIVED									
FOR OFFICE USE ONLY									

Personal Information

The names indicated below must be your legal names for use on all official Douglas College documentation.

Last name	First Name	Middle Name(s)	Former Name(s) [if applicable]
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Mailing Address

House #/Street	Apt #	City/Town	Province
Country	Postal code	E-mail address	

Daytime Phone Number (between 8:30am and 4:30pm)

<i>area code</i>	<i>number</i>	<i>extension</i>

Alternate Number

<i>area code</i>	<i>number</i>	<i>extension</i>

Fax Number

<i>area code</i>	<i>number</i>

TTY Number

<i>area code</i>	<i>number</i>

Gender: female	Date of birth				
	male	day	mth	year	

Program Name (Select one program only)

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This form and all supporting documents should be sent to:



Douglas College
Cheryl Jeffs, Continuing Education
Child, Family and Community Studies
PO Box 2503
New Westminster, BC V3L 5B2
Fax: 604 527 5426

Applicant's Signature

Date of application

FOR OFFICE USE ONLY																					
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<p>() Approved for CE Program Requested</p>																					
<p>_____ Program Co-ordinator Signature</p>	<p>_____ Date</p>																				