



# Continuing / Professional Studies Intake Form

**SUBMIT THIS FORM, along with applicable fees, to:**  
STUDENT ENROLMENT SERVICES at Cloverdale, Langley Richmond or Surrey Campus

## PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Other/Maiden Name: \_\_\_\_\_

\*Birth date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Gender M \_\_\_ F \_\_\_ Kwantlen Student I.D.(optional): \_\_\_\_\_

*\*Gender and Birth date are required as mandated by the provincial minister. Collection and use is protected by BC FOIPP regulations.*

## CONTACT INFORMATION

Street Address: \_\_\_\_\_

City, Province, Postal Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## PAYMENT AND REGISTRATION INFORMATION

### 1. INDICATE YOUR COURSE / PROGRAM:



Register me in: \_\_\_\_\_

CRN: \_\_\_\_\_

START DATE: \_\_\_\_\_

### 2. SELECT YOUR PAYMENT METHOD:

Cash

Cheque

Credit card (complete the following):

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_

Card No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Cardholder's Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

**TOTAL COST \$** \_\_\_\_\_

## DECLARATION

*I certify all statements on this form are true and complete and no information has been withheld. I understand any misrepresentation of this information may result in the cancellation of my registration status and falsifying documents or information may result in immediate and permanent dismissal from the University. Completion of this signed form permits Kwantlen Polytechnic University to request and/or confirm any information necessary to support my registration. I agree to familiarize myself with and abide by the most current policies of the University during my tenure as a student. In signing this declaration, I understand this information along with subsequent information placed in my student record will be used for the purposes of registration, research, student association and other purposes consistent with the mandate of the university. Kwantlen Polytechnic University reserves the right for the Registrar to share information with applicable Ministries or government agencies. Kwantlen Polytechnic University also reserves the right for the Registrar to share information with other post-secondary institutions in situations where a student has been found to have falsified documents or other information. The use of this information will be in compliance with the Freedom of Information and Protection of Privacy Act. The information being collected on this form is being collected under the authority of the University Act.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_