



OFFICE OF THE REGISTRAR

Continuing Education - Program Admission Application

This form is to be completed if you are applying to a program in CFCS Continuing Education. Incomplete applications will be returned unprocessed.

STUDENT NUMBER									
FOR OFFICE USE ONLY									

Personal Information - Please Print

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

Last name	First name
Middle name	Former name (if applicable)

Mailing Address

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

Daytime phone

area code	number	extension
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Alternate phone

area code	number	extension
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Fax number

area code	number
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TTY number

area code	number
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Gender: female male	Date of birth		
	DD	MM	YYYY

Program name (Select one program only)

Applicant's Signature

Date of application

FOR OFFICE USE ONLY	
<p>{ } Approved for CE program requested</p> <p>_____ Program Co-ordinator Signature</p> <p>_____ Date</p>	

DATE RECEIVED

This form and all the supporting documents should be sent to:

Douglas College Continuing Education
Child, Family and Community Studies
PO Box 2503, New Westminster, BC V3L 5B2
email: cfcsc@douglascollege.ca