



APPRENTICESHIP REGISTRATION REQUEST FORM

Apprentice Services

KPU Cloverdale, Surrey, Richmond and Langley

Email: apprentice@kpu.ca Fax: 604-598-6111

No monies are due at time of application.
Full tuition and fees are due only when accepting a seat offer.

KPU Student No. (if available)

PERSONAL INFORMATION

Surname (Legal Last/Family Name)		Former Surname (if applicable)	
Legal Given First Name	Legal Given Middle Name	Preferred First Name	
*Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NOT SPECIFIED		*Date of Birth: DD/Mon/YYYY (e.g., 01/Jan/1900) *Gender and date of birth are required for access to the online student system and for identification purposes.	
Citizenship: Please check one of the following: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident (landed immigrant) <input type="checkbox"/> Approved Conventional Refugee <input type="checkbox"/> Minister's Permit <input type="checkbox"/> Diplomat or Dependent <input type="checkbox"/> Not a Citizen of Canada		KPU is dedicated to Indigenous student success. For the purposes of self-identification at KPU, an Indigenous person is identified as an "Indian, Metis or Inuit person of Canada" [Constitution Act of 1982, Part II, Section 35 (2)] <input type="checkbox"/> I wish to be identified as an Indigenous person. If you have chosen to be identified as an Indigenous person, for statistical purposes we invite you to select one or more of the following options that best describes your Indigenous identity (check all that apply) <input type="checkbox"/> First Nation/Indian (include status, non-status, Treaty and non-Treaty) <input type="checkbox"/> Metis <input type="checkbox"/> Inuit	

CONTACT INFORMATION

Mailing Address			
City / Municipality	Province / State	Postal Code	Country
Email Address	Home Phone	Cell/Mobile Phone	
High School Attended (include city if not in BC)	Date of Graduation	BC PEN (if available)	

EMERGENCY CONTACT

Surname (Legal Last/Family Name)	Legal Given First Name	Telephone
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APPRENTICESHIP

ITA Individual ID Number (REQUIRED)	Apprenticeship Program/Level(s) applying for
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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 KPU 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. KPU reserves the right for the Registrar to share information with applicable Ministries, government agencies, the Industry Training Authority, and/or your employer. KPU 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:** _____

OFFICE USE ONLY

Received by:		Date:
Trade/Level	CRN	WTL/Start Date
Trade/Level	CRN	WTL/Start Date
Trade/Level	CRN	WTL/Start Date
Trade/Level	CRN	WTL/Start Date