



# SD38 APPLICATION

## KPU INTRO TO HEALTH SCIENCE 1115

Dual Credit Course – Summer 2024

A Partnership with SD38 Career Programs and  
Kwantlen Polytechnic University (Richmond)



### **APPLICATION DUE DATE (\*NO EXCEPTIONS\*)**

**(Do not put into the school mail or ask your counsellor to submit this.)**

**Priority given to early applicants meeting criteria.**

**Must arrive at the SD38 Career Programs Office by**

**Tuesday, March 12<sup>th</sup>, 2024 @ 3:30 pm**

Email completed application package to [careerprograms@sd38.bc.ca](mailto:careerprograms@sd38.bc.ca)

OR

Drop off at Cambie Secondary – Career Programs (Learning Services)

### **APPLICANT CRITERIA**

- Open to students entering Grade 11 or 12 in September 2024 (current Gr. 10/11's apply). Priority given to those entering Grade 12 next year.
- **While International students may apply, priority will be given to domestic applicants.**
- Demonstrated excellent attendance, punctuality, (written/oral) communication and organizational skills
- Keen interest in the biological sciences and health care (read course description below)
- Excellent interpersonal skills and ability to work in a team
- Recommended "B" or higher in a Math 10 and a Language Arts 10

### **COURSE INFORMATION**

- Course runs full-time July 2<sup>nd</sup> – Mid-August (date TBD), 2024
- Location is in a Kwantlen Polytechnic University – Richmond Campus
- Course delivery: Tuesdays online asynchronous and Thursdays 10am – 1pm in-person on campus
- **Must be available for all classes**
- Course tuition is covered by Richmond SD38; student is responsible for course textbook(s)
- If successful, student earns one Gr. 12 elective course (4 credits) + KPU post-secondary credits

### **HSCI 1115 COURSE DESCRIPTION**

In the *Introduction to Health Science 1115* course, students will be introduced to the multifaceted field of health science and the foundations of promoting health and wellness. They will explore concepts of health science from a variety of perspectives including biological, clinical, cultural, environmental, political, and socioeconomic. Students will examine the Canadian health system and strategies that promote health and wellness in the community.



## CHECKLISTS for Student, Parent/Guardian, Counsellor

**(Check each item when complete. Please do not submit partially completed applications)**

STEP 1 – APPLICATION CHECKLIST for STUDENT			Page	Completed and Enclosed
1.	Applicant Information Page	<i>(Include application date and school year applying for)</i>	3	<input type="checkbox"/>
2.	Dual Credit Application Contract	<i>(Prior to listing them, be sure to ask permission for each teacher to be reference)</i>	4	<input type="checkbox"/>
3.	Statement of Interest and Intent	<i>(Thoughtfully complete; do rough draft prior to completing the form)</i>	5	<input type="checkbox"/>
4.	Proficiency Self-Assessment Form		6	<input type="checkbox"/>
5.	Graduation Plan	<i>(To help with completing this plan, see next page for dual credit codes)</i>	7	<input type="checkbox"/>
6.	Fillable KPU Application and Waiver Forms (3 pages)		9-11	<input type="checkbox"/>

STEP 2 – PARENT/GUARDIAN PERMISSION AND SUPPORT			Page	Completed
1.	See #2 above – read and sign Dual Credit Application Contract		4	<input type="checkbox"/>

STEP 3 – CHECKLIST for COUNSELLOR			Page	Completed and Enclosed
1.	<b>ATTACH</b> Most recent Learning Update/Report Card		---	<input type="checkbox"/>
2.	<b>ATTACH</b> BC Diploma Verification Report		---	<input type="checkbox"/>
3.	<b>ATTACH</b> Up-to-date Attendance Profile		---	<input type="checkbox"/>
4.	Indicate Ministry of Ed Special Education Category if Applicable: MoE Code: _____ Code Identification is for: _____ <input type="checkbox"/> Not Applicable		---	<input type="checkbox"/>
5.	<b>IEP MUST be ATTACHED if applicable:</b> <input type="checkbox"/> Not Applicable <i>(if applicable, check box in right column)</i>		---	<input type="checkbox"/>

**STUDENT: Submit completed application (with all attachments) to the Career Programs Office (c/o Cambie Secondary – Learning Services)**

### Timeline after application is submitted...

- ❖ Career Programs sends email acknowledging receipt of application and informing applicant of any missing components.
- ❖ **There are no interviews for course admission.** March 12<sup>th</sup> and 13<sup>th</sup>, CPO reviews application for attendance, course requirements, marks etc. If requirements are met and there is room in the course, student will be notified of acceptance.
- ❖ March 14<sup>th</sup>, SD38 Career Programs will forward applicant’s KPU application and waiver to the KPU registrar on the student’s behalf. **Be sure to check email for updates.**

**Acceptance is subject to approval. As course seats are limited, completion of application does NOT guarantee acceptance.**

**\*\*ONLY COMPLETE APPLICATIONS WILL BE PROCESSED.\*\***

**PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS**





## DUAL CREDIT APPLICATION CONTRACT – KPU Intro to Health Science 1115

- I understand that the Richmond School District will pay student tuition costs for this course.
- I understand that students in HSCI 1115 are responsible for the course textbook(s) cost.
- I understand that students are responsible for arranging transportation to and from campus.
- I understand that a vacation may not be taken during the scheduled course and that excellent attendance is required.
- I understand that the grades (incl. withdrawals) earned in this course will be placed on the student’s high school record and be part of both their secondary and post-secondary academic history.

### APPLICANT DECLARATION

- I agree to the above statements and conditions of the program.
- I certify that all statements in this application package are true.

Student Printed Name: \_\_\_\_\_

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

Student’s Signature: \_\_\_\_\_

### PARENT/GUARDIAN DECLARATION

- I agree to the above statements and conditions for my child to take this post-secondary course.
- I support my child’s participation in this dual credit course.

Parent/Guardian Printed Name: \_\_\_\_\_

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

Parent/Guardian’s Signature: \_\_\_\_\_

### HIGH SCHOOL COUNSELLOR DECLARATION

- I have verified this student meets the requirements for this program.
- I have reviewed the commitments of this program with the student and support their application.

Counsellor Printed Name: \_\_\_\_\_

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

Counsellor’s Signature: \_\_\_\_\_

### TEACHER REFERENCE

- If selected, the Career Programs Office may contact your references to confirm support of your application.

Teacher #1 Full Name: \_\_\_\_\_ email: \_\_\_\_\_

Teacher #2 Full Name: \_\_\_\_\_ email: \_\_\_\_\_

### PRINCIPAL/VICE-PRINCIPAL APPROVAL

- If selected, the Career Programs Office may contact your school’s administrator to confirm approval.



**STATEMENT OF INTEREST AND INTENT**

**Introduction to Health Science 1115 – KPU**

**\*\* To only be COMPLETED by hand by the STUDENT APPLICANT. Attach additional pages if needed.\*\***

**Applicant FULL Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

1. What has motivated / interested you to start this university health science course while still in high school ?

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2. a) At this point in time, what is your intended career pathway and/or post-secondary program of interest after high school? b) Explain how taking this course will support your transition plan after high school.

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3. Describe your knowledge, skills and attributes that will support your achievement as you complete your Kwantlen Polytechnic University HSCI 1115 course work.

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4. Success in this course requires you to be very organized. Describe organizational strategies that you find to be helpful for your success in school.

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5. What aspects of attending university do you believe will be the most challenging for you and how do you plan to address those challenges?

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## APPLICANT PROFICIENCY SELF-ASSESSMENT FORM SD38 DUAL CREDIT KPU COURSE – HSCI 1115

I understand the expected commitment for the duration of this post-secondary course (schedule) and that it requires my attendance at the KPU Richmond Campus. This self-assessment will assist in determining my suitability and readiness for this post-secondary dual credit course.

Please indicate **by highlighting or circling** your proficiency for this post-secondary dual-credit program:

CORE COMPETENCIES	Proficiency Scale				
		Emerging	Developing	Proficient	Extending
		I demonstrate an <b>INITIAL</b> understanding of the concepts and competencies.	I demonstrate a <b>PARTIAL</b> understanding of the concepts and competencies.	I demonstrate a <b>COMPLETE</b> understanding of the concepts and competencies.	I demonstrate a <b>SOPHISTICATED</b> understanding of the concepts and competencies.
<b>Communication</b> <ul style="list-style-type: none"> <li>I can understand and share information about a topic in an organized way (e.g. contribute to class discussion, take initiative)</li> <li>I work with others to achieve a common goal</li> <li>I can represent my learning, and tell how it connects to my experiences and values</li> </ul>		<i>"I am just getting started and learn best with help."</i>	<i>"I am beginning to do more and more on my own."</i>	<i>"I can do it on my own."</i>	<i>"I go beyond what is expected of me."</i>
<b>Creative Thinking</b> <ul style="list-style-type: none"> <li>I generate new ideas or build on other people's ideas, to create new things within the constraints of a form, a problem, or materials</li> <li>I can build on others' ideas, add new ideas of my own, or combine other people's ideas to create new options or solve problems</li> </ul>		<i>"I am just getting started and learn best with help."</i>	<i>"I am beginning to do more and more on my own."</i>	<i>"I can do it on my own."</i>	<i>"I go beyond what is expected of me."</i>
<b>Critical Thinking</b> <ul style="list-style-type: none"> <li>I actively listen to others and analyze evidence from different perspectives</li> <li>I can ask questions and gather information</li> <li>I can consider more than one way to proceed in an investigation or scenario</li> </ul>		<i>"I am just getting started and learn best with help."</i>	<i>"I am beginning to do more and more on my own."</i>	<i>"I can do it on my own."</i>	<i>"I go beyond what is expected of me."</i>
<b>Personal Awareness and Social Responsibility</b> <ul style="list-style-type: none"> <li>I can use strategies that help me manage my feelings and emotions</li> <li>I can persevere with challenging tasks</li> <li>I can clarify issues, generate strategies, weigh consequences, compromise to meet the needs of others, and evaluate actions</li> </ul>		<i>"I am just getting started and learn best with help."</i>	<i>"I am beginning to do more and more on my own."</i>	<i>"I can do it on my own."</i>	<i>"I go beyond what is expected of me."</i>
<b>Positive Personal and Cultural Identity</b> <ul style="list-style-type: none"> <li>I can explain what my values are and how they affect the choices I make</li> <li>I can understand I will continue to develop new abilities and strengths to help me meet new challenges</li> <li>I can reflect on my strengths and identify my potential as a leader in my community</li> </ul>		<i>"I am just getting started and learn best with help."</i>	<i>"I am beginning to do more and more on my own."</i>	<i>"I can do it on my own."</i>	<i>"I go beyond what is expected of me."</i>

**Based on my self-assessment I rank my overall proficiency and readiness for this program as (check one):**

- Fully Ready                     
  Somewhat Ready                     
  Could be Ready (with some support)

Additional Comments: \_\_\_\_\_

Student FULL Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_

# Graduation Plan – DISTRICT CAREER PROGRAM (Dual Credit/Other)

School District No. 38 (Richmond)

School Year of Program: 20\_\_ – 20\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ PEN: \_\_\_\_\_

CAREER PROGRAM or COURSE Applied for: \_\_\_\_\_ Home School \_\_\_\_\_ Grade: \_\_\_\_\_

- Click/check the box (☒) to indicate courses in progress, completed or yet to take. PRINT the course name/location in spaces provided.
- Form is to ensure students will meet minimum graduation requirements by the end of Grade 12. (An audit requirement for Career Pgms)

CHECK ONE		GRADUATION REQUIREMENTS (Mandatory)	CREDITS	COMPLETION DATE Month/Year (taken/to take)	COURSE LOCATION (School/RVS etc.)
In Progress or Completed	Plan to Take				
<input type="checkbox"/>	<input type="checkbox"/>	Language Arts 10 _____	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Social Studies 10 _____	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Science 10 _____	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Mathematics 10 _____	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Physical and Health Education 10 _____	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Career Life Education (10 or 11) _____	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Language Arts 11 _____	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Social Studies 11 or 12 _____	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Science 11 or 12 _____	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Mathematics 11 or 12 _____	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Language Arts 12 _____	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Career Life Connections (with Capstone) _____	4	_____/____	_____
In Progress or Completed	Plan to Take	ARTS EDUCATION and/or ADST Course	CREDITS	Month/Year	COURSE LOCATION
<input type="checkbox"/>	<input type="checkbox"/>	_____ 10 / 11 or 12	4	_____/____	_____
In Progress or Completed	Plan to Take	ASSESSMENTS + INDIGENOUS-FOCUSSED COURSE	CREDITS	Month/Year	COURSE LOCATION
<input type="checkbox"/>	<input type="checkbox"/>	Numeracy Assessment – Gr 10	-	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Literacy Assessment – Gr 10	-	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Literacy Assessment – Gr 12	-	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Indigenous-Focused Course (if not already listed) _____ 10 / 11 / 12 (circle)	4	_____/____	_____
In Progress or Completed	Plan to Take	ADDITIONAL (ELECTIVE) COURSES: (3 must be Gr. 12) (circle grade)	CREDITS	Month/Year	COURSE LOCATION
<input type="checkbox"/>	<input type="checkbox"/>	_____ 12	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____ 12	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____ 10 / 11 / 12	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____ 10 / 11 / 12	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____ 10 / 11 / 12	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____ 10 / 11 / 12	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____ 10 / 11 / 12	4	_____/____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____ 10 / 11 / 12	4	_____/____	_____
In Progress or Completed	Plan to Take	DISTRICT CAREER PROGRAM/COURSE: (DUAL CREDIT OR OTHER – SEE REVERSE )	CREDITS	Month/Year	COURSE LOCATION
<input type="checkbox"/>	<input type="checkbox"/>	Fill in name of Program / Course below (see reverse): _____	_____	_____/____	_____

**TOTAL GRADUATION CREDITS (80 Minimum REQUIRED):** \_\_\_\_\_ **Graduation Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Year

**HIGH SCHOOL CREDENTIAL:**  Dogwood Diploma  School Completion Certificate (Evergreen)

**POST SECONDARY PLANS:**  College/University  Continue Apprenticeship  Other (please specify) \_\_\_\_\_

*I have discussed the completion of my graduation plan with my parent(s)/caregiver(s)*

Student Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

District Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Counsellor or Career Programs staff)



## Course Codes, Credits and Locations for Dual-Credit (and other) Career Programs

(Updated January 2024)

**Use this to fill in Graduation Plan sheet.**

### **DUAL CREDIT PROGRAMS – Youth TRAIN in Trades:**

(TRNA = BCIT / TRNJ = KPU / TRNZ = VCC / TRITA = private PSI)

<b>Youth Train in Trades Dual Credit Program &amp; Location</b>	<b>Course Codes</b>	<b>Total Credits</b>
Aircraft Maintenance Engineer – BCIT	TRNA – 2A, 2B, 2C, 2D	16
Auto Collision & Refinishing Common Core – VCC	TRNZ – 2A, 2B, 2C, 2D, 2E, 2F, 2G, 2H	32
Auto Service Technician – BCIT	TRNA – 2A, 2B, 2C, 2D, 2E, 2F, 2G, 2H	32
Baking & Pastry Arts – VCC	TRNZ – 2A, 2B, 2C, 2D, 2E	20
Carpentry (Framing / Forming) – BCIT	TRNA – 2A, 2B, 2C, 2D, 2E	20
CNC Machinist – BCIT	TRNA – 2A, 2B, 2C, 2D, 2E, 2F, 2G, 2H	32
Electrician – BCIT	TRNA – 2A, 2B, 2C, 2D, 2E, 2F	24
Heavy Duty Mechanic – VCC	TRNZ – 2A, 2B, 2C, 2D, 2E, 2F, 2G	28
Joinery – BCIT	TRNA – 2A, 2B, 2C, 2D, 2E, 2F	24
Metal Fabricator – BCIT	TRNA – 2A, 2B, 2C, 2D, 2E	20
Millwright – KPU	TRNJ – 2A, 2B, 2C, 2D, 2E, 2F	24
Painter & Decorator – FTI	TRITA – 2A	4
Plumbing - UAPIC	TRITA – 2A, 2B, 2C, 2D	16
Professional Cook - VCC	TRNZ – 2A, 2B, 2C, 2D	16
Refrigeration & AC Technician – BCIT	TRNA – 2A, 2B, 2C, 2D, 2E, 2F	24
Sheet Metal – BCIT	TRNA – 2A, 2B, 2C, 2D, 2E	20
Welding – KPU	TRNJ – 2A, 2B, 2C, 2D, 2E, 2F	24

### **DUAL CREDIT PROGRAMS – OTHER:**

<b>Dual Credit Program / Course &amp; Location</b>	<b>Course Code(s)</b>	<b>Total Credits</b>
KPU Course (Health Science 1115 or single course via LinK38)	PSIJ – 2A	4
STRIVE Course (Kwantlen Polytechnic University)	PSIJ – 2A (Not claimed on 1701)	4
ECE Assistant Certificate (Delta Continuing Ed is location)	ECECD – 2A and 2B (Not claimed on 1701)	8
Medical Lab Assistant (Vancouver Community College)	PHCZ – 2A, 2B, 2C, 2D, 2E	20
Health Care Assistant (Vancouver Community College)	PHCZ – 2A, 2B, 2C, 2D, 2E, 2F, 2G, 2H	32
Auto Trades Sampler (Vancouver Community College)	TSTZ – 2A, 2B, 2C (10 week/ 300 hour program)	12

### **NON-DUAL CREDIT PROGRAMS:**

<b>Program Name &amp; Location</b>	<b>Course Code(s)</b>	<b>Total Credits</b>
Manufacturing & Engineering Co-op (MEC) (Burnett and RVS)	WEX 12A and MSTX 1A or 2A (Burnett)	8 (4 each)
	MENR-11 and MWTC-12 (via RVS but at Burnett)	8 (4 each)
Youth Work in Trades (Richmond Virtual School – RVS)	MWRK 1A, 1B, 2A, 2B (ONLY RVS enters)	4 each (up to 16 total)
Youth Explore Trades Skills (Location is student's home school)	MSTX 0A (gr 10) or 1A (gr 11) or 2A (gr 12)	4
	MSTX 0B (gr 10) or 1B (gr 11) or 2B (gr 12)	4







Please type in fields, then print and sign before submitting.

## Application for Admission

### High School Dual Credit Programs

School District Partner	
<b>Start Term:</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	<b>Start Year:</b> _____

FULL LEGAL NAME (NO INITIALS)		
Surname (Legal Last/Family name)		Former Surname (if applicable)
Legal Given First Name	Legal Given Middle Name	Preferred First Name

*Preferred name is displayed in KPU's e-learning environment*

CONTACT INFORMATION			
Email Address			
Mailing Address			City / Municipality
Province	Postal Code	Home Telephone	Cellular/Mobile Phone

PERSONAL INFORMATION	CITIZENSHIP STATUS	OPTIONAL			
*Gender <input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Non-binary <input type="checkbox"/> Choose not to disclose  * Date of Birth <table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">DD</td> <td style="width: 33%;">MM</td> <td style="width: 33%;">YYYY</td> </tr> </table> * Gender and date of birth are required for you to access the online student system and for identification purposes.	DD	MM	YYYY	Country of Citizenship _____  First Language _____  Country of Birth _____  Citizenship Status* <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident (landed Immigrant) <input type="checkbox"/> Approved Convention Refugee <input type="checkbox"/> Minister's Permit <input type="checkbox"/> Diplomat or Dependent <input type="checkbox"/> Not a Citizen of Canada  <i>*Legal documentation may be required</i>	KPU is dedicated to Aboriginal student success. An Aboriginal person is identified as "an Indian, Métis or Inuit person of Canada" [Constitution Act of 1982, Part II, Section 35(2)].  <input type="checkbox"/> I wish to be identified as an Aboriginal person.  If you have chosen to identify as an Aboriginal person, for statistical purposes we invite you to select one or more of the three options that best describes your Aboriginal identity:  <input type="checkbox"/> First Nations  <input type="checkbox"/> Métis  <input type="checkbox"/> Inuit  <input type="checkbox"/> Please contact me regarding Aboriginal student support and services
DD	MM	YYYY			

EMERGENCY CONTACT		
Surname (Legal Last/Family name)		Legal Given First Name
		Telephone

## ADDITIONAL INFORMATION

I am requesting information on student services related to:

- Illness or disability       Students with children       Scholarships and financial assistance

## SECONDARY SCHOOL EDUCATION (HIGH SCHOOL)

When will you graduate from Secondary (High) School? \_\_\_\_\_ Personal Education Number (BC only) \_\_\_\_\_

School Name \_\_\_\_\_

Location \_\_\_\_\_

## LEGAL

I certify that all statements on this application are true and complete and that no information has been withheld. I understand that any misrepresentation of this may result in the cancellation of my admission or registration status and that falsifying documents or information on the application may result in immediate permanent dismissal from Kwantlen Polytechnic University. Completion of this signed application permits Kwantlen Polytechnic University to request and/or confirm any information necessary to support my application for admission.

I authorize the release of all British Columbia secondary school interim and final grades by the British Columbia Ministry of Education to Kwantlen Polytechnic University. If I am admitted to Kwantlen Polytechnic University, I agree to familiarize myself with and to abide by the most current policies of the University during my tenure as a student at the University.

In signing this application for admission, I understand that this information, along with subsequent information placed in my student records will be used for the purposes of admission, registration, graduation, research, alumni and development, student association and other purposes consistent with the mandate of the institution. Kwantlen Polytechnic University reserves the right for the Registrar to share information with the Ministry of Advanced Education, Training and Technology, or other related government agencies and dual enrolment partners. Kwantlen Polytechnic University also reserves the right for the Registrar to share information with other post-secondary institutions in situations where an applicant has been found to have falsified documents or other information on their Application for Admission. The use of this information will be in compliance with the Freedom of Information and Protection of Privacy Act. The information on the admission form is being collected under the authority of the University Act.

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

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

## FOR OFFICE USE ONLY (Do not write in shaded areas)

*Date*

*Entered By:*

*Initials*

*Comments:*

*Cohort:*



# Third Party Waiver/Release of Information Form for Dual Credit partnership programs

Submit form to Student Enrolment Services on any campus.

Student Name:			
First Name	Last Name	Date of Birth (dd/mm/yy)	KPU Student Number <i>(office use only)</i>

Part I – Student Information
I authorize _____ and _____ access to the following information: <i>(optional: print name of additional person)</i>
<input checked="" type="checkbox"/> Academic status <input type="checkbox"/> Convocation information (only for CTC/Youth TRN Foundations) <input checked="" type="checkbox"/> Enrolment status information <input checked="" type="checkbox"/> Grades <input checked="" type="checkbox"/> Registration information (including current registration status) <input type="checkbox"/> Special needs documentation/Disability accommodations

Part II – Financial Information (Note: refund cheques will only be issued to the student, not a third party, even in cases where a waiver is in place)
I authorize _____ and _____ access to the following information: <i>(optional: print name of additional person)</i>
<input checked="" type="checkbox"/> Student account balance <input type="checkbox"/> <del>Student awards</del> <input type="checkbox"/> <del>Student loan information</del> <input checked="" type="checkbox"/> Tuition and fees assessment

Part III – Student Transactions
I authorize _____ to carry out the following transactions on my behalf:
<input checked="" type="checkbox"/> Add/drop courses <input checked="" type="checkbox"/> Pay fees <input type="checkbox"/> Order transcripts, confirmation of enrolment letters, signed scholarship/RESP forms <input type="checkbox"/> Other (specify) _____

Part IV – Duration (waivers are valid for a maximum of one year only from the start date)
This waiver will be valid for the following period: From: Date (day/month/year) _____ To: Date (day/month/year) _____

**IMPORTANT!! Access to online fee payment and registration services is controlled through each student's User ID and PIN (password). It is the responsibility of each student to control access to their PIN. Under no circumstances will a student's PIN be released to a third party, even in cases where a third party waiver has been signed.**

Part V – Signature - Student records are confidential and are not changeable without the written consent of the student, unless otherwise required by law. Your signature indicates that you are requesting your records be revised and that information contained herein is accurate to the best of your knowledge. KPU considers a falsified waiver form as fraud.	
Student signature	Date

Office Use Only		
Date received:	Received by:	Date entered (dd/mm/yy):