

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 (part-time), Career Development Practitioner Intensive (full-time), Job Club Leadership Training. Incomplete applications will be returned to the applicant unprocessed.

STUDENT NUMBER									
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	Former name (if applicable)

Mailing Address

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

Daytime phone (between 8:30am and 4:30pm)

Alternate phone

area code	number	extention
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area code	number	extention
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Fax number

TTY number

area code	number
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area code	number
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Gender:

female male

Date of birth

DD	MM	YYYY

Program name (Select one program only)

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Applicant's Signature

Date of application

FOR OFFICE USE ONLY

{ } Approved for CE program requested	
Program Co-ordinator Signature	Date

DATE RECEIVED

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This form and all the 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 email: jeffsc@douglas.bc.ca