



Cohort Based Training

Cohort Based Training is offered to academically capable secondary school students enrolled in a high-school within the Fraser Valley region in the following areas:

- Automotive Service Technician
- Welding
- Discovery Trades – Trades Sampler

The training is for high school students who are able to complete their graduation requirements for grade 11 and 12 in an accelerated manner and enroll in full time studies at the University of the Fraser Valley in their Grade 12 year. Students are required to meet the UFV entrance requirements for the program, including any necessary entrance exams. Applications must be turned into the high school by **November 27th, 2020** for the assigned seats, otherwise applications will be handled in the same priority as all others.

UFV courses may qualify for **DUAL CREDIT**, giving students additional credits towards the high school completion certificate.

Requirements for program admission:

- High school Graduation Gr. 11 & 12 requirements are met prior to the end of Grade 11
- Chilliwack School District career programs application form
- UFV – Cohort based application form
- School reference form to be completed by a teacher
- School reference form to be completed by a counsellor
- Personal statement of interest – to be completed by the student
- High school Transcript (TVR- Transcript verification report)
- Information release form (for students under 19 years of age to be signed by parent or guardian)

Note: Students are required to pay a deposit of \$200.00 to secure their seat at the time of registration. This \$200.00 deposit will be later applied to student fees.

For School Districts to pay the tuition portion of the sponsored program, **the Associated program, ancillary and other fees/costs noted in the UFV application form must be paid in full prior to the third week of class start. These associated fees are the responsibility of the Student.**

Failure to pay these outstanding balances will result in late fines added to the student's account and the Program Certificate being withheld **and/or** the student's Withdrawal from the program.

Application Requirements:

Applicant: keep this form for your records

Applicants must meet the following requirements:

*Eligible students must be in their Grade 11 school year

*Students must meet their High School Graduation requirements for Gr. 11 & 12 in an advanced manner

- Submit **completed** Chilliwack School District Career Programs application package (requires both student and parent signatures).
- Submit a current Resume and Cover Letter
- Include a copy of your most recent report card.
- UFV Application package - including the information release.

Package can be submitted to your school Work Experience Facilitator, or Counselor By March 15th

Only complete application packages will be processed.

Have you attached your most recent REPORT CARD to your application package?

Career Programs Application



Name (please print clearly) _____

Current Grade _____

ITA YOUTH TRAIN IN TRADES

Automotive Service Technician

Hairstylist

Welding

ITA YOUTH WORK IN TRADES

Specify trade _____

REGIONAL CAREER PROGRAMMING (RCP)-UFV

Specify Course Option: _____

WORK EXPERIENCE

WEX 12A

WEX 12B

I, _____ do hereby declare that I will:

- Adhere to the School District Code of Conduct
- Adhere to the School Code of Conduct
- Be in attendance at all courses
- Maintain passing grades in all courses

I am aware that this program is a challenging opportunity and am willing to abide by the rules set forth by Chilliwack School District.

Student's Signature

Parent's Signature

Date: _____

Date: _____

District Career Programs Registration Form



Chilliwack
School District

STUDENT INFORMATION

Legal Last Name _____
Legal First Name _____
Usual Last Name _____
Preferred First Name _____
Birth Date (Day/Month/Year) _____
Home Phone _____ CELL Phone _____
Student email (please print clearly) _____
Home School _____ Grade _____

IMMIGRATION/CITIZENSHIP STATUS

International Student

ADDRESS INFORMATION

Street Address _____

Apt No _____ City _____

Province _____ Postal Code _____

Mailing address (if different from above) _____

PROGRAM

Have you had learning assistance in middle or high school? Yes No

ELL (English Language Learner)

Special Education – which program? _____

*I have an IEP (Individualized Education Plan)

PARENTS/GUARDIANS

First Contact

Relationship to student _____

Last Name _____ First Name _____

Address (if different than student) _____

Home Phone _____ Work Phone _____

Cell phone _____ Email _____

Second Contact

Relationship to student _____

Last Name _____ First Name _____

Address (if different than student) _____

Home Phone _____ Work Phone _____

Cell phone _____ Email _____

Are there any legal documents in force re custody/guardianship/access? Yes No

If so, please explain briefly _____

Have you provided a copy of these legal documents to the school? Yes No

MEDICAL INFORMATION

Dr Name _____ Phone _____

Care Card No. _____

Allergies and Conditions _____

Are any of these conditions life threatening? Yes No If so, which? _____

Life Threatening Conditions/Medications or Treatment Required:

Condition _____ Treatment _____

(AP 327 – Medical Alert Conditions, AP328 – Administration of Medication to Students, and AP 330 – Allergic Shock (Anaphylaxis). Copies are available at the school office or on the District website).

Name (printed) _____ Signed _____
(Parent/guardian)

Dress Code:

It is expected that students conform to district dress code guidelines in addition to work site specific requirements. IE: Trade specific, Professional office attire, Personal Protective Equipment, Uniform

Date: _____ Signature: _____

STUDENT INFORMATION RELEASE

In accordance with the Freedom of Information and Protections of Privacy Act, Chilliwack School District requires consent to use personal information for purposes unrelated to educational programs. Please sign for each item below if you authorize disclosure as described.

I give my consent for release of my name, address, email and phone number to school district personnel to enable them to contact me regarding school issues, meetings or school related activities.

Date: _____ Signature _____

Student Images

Your child's photograph may be used for administrative and identification purposes consistent with providing an educational program. In addition, your child's name, photograph and comments may be published in the school yearbook, school newsletter or brochure, school video or in a district annual report, calendar or website.

I consent to the use of my child's name, photograph and comments for purposes consistent with the above.

Date: _____ Signature _____

Students cannot be photographed in classrooms or in school yards during school hours without student or parental consent. However, are various times throughout the school year, the school may invite spectators – including parents or media – to certain school events (school play, concert, sporting event, special classroom activities.

I consent to the publication of my child's name, photograph and comments in the news media for purposes consistent with the above.

Date: _____ Signature _____

Statements of Interest and Intent



Application to this program is a competitive process. Please give detailed answers

Name: _____

Program: _____

Career Goal: _____

1. What have you done to prepare yourself for study in this area (i.e. course work, extra-curricular activities, reading, interviewing people, etc.?)

2. What have you done to prepare yourself for work in this area (i.e. volunteer work, work experience, job shadow, related job or transferrable job skills, interviewing people, etc.?)

3. What skills do you have that will help you be successful in this program? _____

4. What interests you about a career in this field? _____

5. What knowledge do you have of this career field? (i.e. opportunities for work, working conditions, wages, etc.?)

6. What will you do to ensure your success in this program? Speak specifically to attendance, work habits, academic achievement and work experience.

7. What are your interests outside of school? (hobbies, sports, clubs, special talents, etc.)

8. Please explain any absences/lates you have this school year _____

Teacher Reference Form

(academic or program elective teacher)



CONFIDENTIAL - Please complete the reference and submit in a **sealed** envelope to secondary school counsellor.

Student: _____
Last Name First Name

Course you taught this student: _____ Grade: _____

This student has applied for a seat in the _____ Program.

1. The program this student is applying for is academically rigorous. The pace is very fast and the student must be self-motivated and able to directly apply what they are learning theory wise to practical work. The ability to think critically is essential to the student success.

Do you feel the student applying can meet these criteria?

YES POSSIBLY NO

2. Could this student be counted on to represent the school district favorably in a college/university setting?

YES POSSIBLY NO

3. Do you feel this student has a sincere interest in this District Partnership program?

YES POSSIBLY NO

4. Please help by providing frank comments about this student. This will aid in the selection of appropriate candidates for this program.

	Excellent	Good	Satisfactory	Needs Improvement
Maturity				
Accuracy/ability to follow instructions				
Enthusiasm and interest				
Adaptable – adjusts to new situations				
Follows through on assigned tasks				
Attendance				
Punctuality				
Shows motivation to learn new skills				
Can work independently				
Has positive attitude towards work				
Accepts constructive criticism				
Makes changes as a result of constructive criticism				

Evaluation completed by: _____ Phone #: _____

School: _____ Signature: _____

UFV / SD#33 Application & Information Package for Cohort Based Training

UFV is pleased to offer to academically capable secondary students enrolled in high schools within the University of the Fraser Valley region the following areas of study:

- Automotive Service Technician
- Welding
- Discover Trades - Trades Sampler

This training is for high school students who are able to complete their required core courses to meet the new graduation requirements for grade 11 and 12 in an accelerated manner and then enroll in UFV courses full time in their last school year. Students will need to meet UFV's entrance requirements for the program, including any necessary entrance exams. Applications must be received on or before **November 27, 2020** for the assigned seats, otherwise, applications will be handled in the same priority as all others.

UFV courses may qualify for **dual credit**, giving the additional credits needed to receive the high school completion certificate.

- Automotive Service Technician
- Welding
- Trades Sampler

How to Apply

Please follow these steps:

- Fees & Cost Schedule: Have parent or guardian sign off acknowledgement/understanding of cost for student to participate in program.
- Complete and submit the attached SD#33 Application package to your school representative prior to **November 27th, 2020.**
- Have your teacher fill out the attached Teacher Reference form.
- Have your counselor, vice principal, or principal fill out the **attached School Reference form.**
- Complete the attached personal statement of interest form.
- Attach a copy of your latest report card/interim report (TVR).
- Attach a current copy of your resume.
- Complete the attached UFV application for admission form.
- Deliver all documents including the UFV application for admission to your career counsellor or your school district representative for School District approval.
- School District to complete the Sponsorship Billing Authorization Form and attach to Student's application package for submission to UFV.
- Wait for a UFV representative to contact you via your provided email regarding the next steps, including accessing your "MyUFV" account. You must set up this account to monitor your status.
- Follow up on your status on your "MyUFV" periodically as this will be your main contact for information.

FEES & COSTS COVERED BY SCHOOL DISTRICTS:

* Tuition	\$124.94/per week	\$2998.56 - \$5274.48 (24-42 weeks)
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FEES & COSTS TO BE PAID BY STUDENT:

REMINDER: Students are required to pay a deposit of \$200.00 to secure their seat at time of Registration. This \$200.00 deposit will later be applied to student fees.

For SD to pay the tuition portion for the sponsored program, the **Associated program, ancillary and other fees/costs noted below must be paid to UFV in full prior to the third week after class start.**

Failure to pay these outstanding balances will result in late fines added to the student's account and the Program Certificate being withheld **and/or** the student's Withdrawal from the program.

Current Fees: * Projected cost as of January 2020

Semester Fees (Student Fees) <small>Includes: UFV Student Union Society, Student Union Building, U-Pass, Campus Connector, SUS IT Tech Support Service, UFV Campus & Community Radio, Cascade Journalism Society)</small>	\$ 156.45/per semester	Example: 34 week Program \$312.90 (\$156.45 x 2 semesters = \$312.90)
Health & Dental (extended) **	\$ 195.59	To OPT OUT visit: ihaveaplan.ca
Experiential Learning & Wellness <small>The Experiential Learning & Wellness fee provides support for students in the form of experiential and co-curricular learning opportunities, expansion of the Co-Curricular Record, health & well-being, and peer mentoring. It is set at 2% of tuition.</small>	\$ 2.45/per week	Example: 34 week Program \$83.30 (\$2.45 x 34 weeks = \$83.30)
Ancillary Fee <small>The ancillary fee provides support activities, athletics, library and technical services, legacy fund, student accident insurance, and student space. It is set at % of tuition.</small>	\$ 12.25/per week	Example: 34 week Program \$416.50 (\$12.25 x 34 weeks = \$416.50)
Application Fee	\$ 48.72	
Graduation Fee	\$ 25.00	
Convocation Fee	\$ 40.00	

Program Costs (varies by program)

Tools	\$ 200.00 - \$ 2000.00	
Books	\$ 75.00 - \$ 1060.00	
Clothes	\$ 100.00 - \$ 500.00	

* Note: Fees are subject to change without notice annually, for an up to date fee list follow the link.
www.ufv.ca/calendar/current/General/FeesAndOtherCosts.htm

HEALTH & DENTAL: As per UFV Calendar:

If you're already covered by an equivalent health and dental plan (such as a parent or spouse's employee benefit plan, or a plan provided by your band council or through Health Canada), you can **OPT OUT** and receive a credit to your student account for the amount of the Plan. The British Columbia Medical Services Plan (MSP) doesn't provide coverage equivalent to the SUS Health & Dental Plan.

Students cannot opt out if they are covered only by MSP.

** Note: Students whose parents have extended health coverage for their children may **OPT OUT** of the health benefits plan. To do this, visit ihaveaplan.ca or call 1-866-358-4437.

DEADLINE: To OPT OUT this must be completed during the Change-of-Coverage Period, typically falling between the last week of August to mid-September. Confirm the current deadline by following the link noted below.
Change-of-Coverage Period Deadline

Parent or Guardian to sign: I have read and understood the costs outlined above which are not covered by the School District.

Parent of Guardian Signature: _____

SD#33 Application Form UFV's Cohort Based

Name:
Address:
City:
Postal Code:
Telephone:
Email Address:

School Name:	Current Grade:
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UFV has many services available for students who need additional supports. The Center for Accessibility Services can assist, but registration is necessary and **can take up to 4 months**. If you have a documented disability please contact the Center for Accessibility Services.

Phone: (604) 504-7441 ext. 4528 Toll Free: 1-888-504-7441 ext. 4528

Program in which you are interested:

Program Name:

Automotive Service Technician
 Carpentry
 Trades Sampler
 Welding

Please check off the documents which you have completed and attached to this application:

Fees & Cost Schedule <i>(to be signed by Parent/Guardian)</i>	
Teacher Reference Form	
School Reference Form	
Statement of Interest Form	
Copy of Latest Report Card	
Copy of Resume	
UFV Application for Admission	
Information Release Form	
Sponsorship Billing Authorization Form <i>(to be completed by School District)</i>	

Student's Signature: _____ Date: _____

Parent or Guardian Signature: _____
(for students under 19 years of age)

Teacher Reference Form

(to be completed by your teacher)

Student Name: (please print)	Current Grade:
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This student wishes to apply to the University of the Fraser Valley as a student in a Regional Career Program. The student is expected to participate in university-level courses to complete credits for their chosen career program. Please help in the selection process by providing information for the following items and providing your brief comments as necessary. Thank you.

	Please check each item as			
	4	3	2	1
	(4) Excellent (3) Good (2) Satisfactory (1) Needs Improvement			
Punctual/ Attendance				
Enthusiastic and Interested				
Initiative				
Responsible / Accountable				
Temperament / Personality / Accept Criticism				
Accurate / Able to follow instruction				
Able to work independently				
Dependable / Reliable				
Adaptable / Adjusts to new situations				
Able to get along with others				
Do you feel this student is adequately prepared and sincerely interested in a University level course?	Yes		No	
Do you feel this student is capable of successfully completing a University level course?	Yes		No	
Has this student received additional support during their Academic Education (i.e. IEO, learning assistance, other resources... etc.)	Yes		No	
Comments:				

Completed by:

Name: _____ School: _____

Position: _____ Phone/Email: _____

Signature: _____ Date: _____

School Reference Form

(to be completed by your counsellor, vice-principal, or principal)

Student Name: (please print)	Current Grade:
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This student wishes to apply to the University of the Fraser Valley as a student in the Regional Career Program. The student is expected to participate in university-level courses on campus at UFV. This program will provide dual credit to the student.

Please assist with the selection process by providing information for the following information items and providing your brief comments as necessary.
Thank you.

	Please check each item as			
(4) Excellent (3) Good (2) Satisfactory (1) Needs Improvement	4	3	2	1
Punctual/ Attendance				
Enthusiastic and Interested				
Initiative				
Responsible / Accountable				
Temperament / Personality / Accepts Criticism				
Accurate / Able to follow Instruction				
Able to work independently				
Dependable / Reliable				
Adaptable / Adjusts to new situations				
Able to get along with others				
Do you feel this student is adequately prepared and sincerely interested in a University level course?	Yes		No	
Do you feel this student is capable of successfully completing a University level course?	Yes		No	
Has this student received additional support during their academic education (i.e. IEO, learning assistance, other resources... etc.)	Yes		No	
Comments:				

Completed by:

Name: _____ School: _____

Position: _____ Phone/Email: _____

Signature: _____ Date: _____

Personal 'Statement of Interest' Form

Please provide a brief statement of describing your interest in a University trades program. This statement should outline why you are interested in the trade area you have selected and why you feel that you are suited to take a university level program.

Student Name: <i>(please print)</i>	Current Grade:

Date: _____ Signature _____

DO NOT WRITE IN THIS SPACE – UFV OFFICE USE ONLY:	
Reviewed by:	Date:
Comments:	
Accepted: Yes No Signature:	

SPONSORSHIP – TERMS AND CONDITIONS

Forward the completed form to:

Email: regfees@ufv.ca

Fax: (604) 853-0138

- Employers, First Nations, Government Agencies, other educational institutions & charitable organizations are examples of third party sponsors.
 - Family members (ie. Parents, grandparents etc.) are not considered to be sponsors.
- The Sponsorship Billing Authorization form is for tuition fees & bookstore purchases only, during academic terms. Please visit the CE web page for sponsorship information <http://www.ufv.ca/continuing-education/funding/>.
- The health & dental plan is part of the registration costs for all full-time students, but will not be billed to you automatically. If this fee is included in your sponsorship, you must indicate this on your Sponsorship Billing Authorization Form.
 - **Please note:** Students who already have equivalent extended health and dental plans, may opt out of paying the fee within the first 3 weeks of the Fall semester. For more information please contact StudentCare at: <http://studentcare.ca>.
- It is the student's responsibility to inform the sponsor if they withdraw, are required to withdraw or take a leave of absence. The University will not automatically notify the sponsor if the student stops attending.
- All billings will be in Canadian funds, payments must be made within 30 days of billing. If you have any questions about sponsorship billing please contact Finance Accounts Receivable at acctsreceivable@ufv.ca.
- The British Columbia Freedom of Information and Protection of Privacy Act provides that the University of the Fraser Valley may not release a student's personal information to anyone other than the student without the student's consent. Please ensure that the sponsored student submits a student information release waiver, <https://www.ufv.ca/admissions/forms/> listed under the student forms section, and include it with the Sponsorship Billing Authorization form. The student has provided his/her consent for UFV to disclose certain student information to you. You should not share any of the student's information with other people unless the student gives you his/her consent to do so.
- For student fees explanation & tuition due dates, please visit <https://www.ufv.ca/admissions/feeandpay/>.

10. The RCP student will be responsible for their own registration.
 - a. They **MUST** meet the registration deadline and provide the correct CRN (Course Reference Number) as provided in their email.
 - b. Registration can be by phone or in person at the Office of the Registrar.
 - c. A \$200 Deposit will be required at this time!
 - d. This deposit will later be applied to their student fees.

11. School District will send a sponsorship letter (sample attached) to the Office of the Registrar. They will scan and label the document and send it to UFV Finance office to create an invoice.

12. UFV Finance department will invoice the school district for the tuition based on current tuition rates and based on the number of students on the sponsorship letter.

13. School District will send the funds for the full amount of invoice (tuition only) to UFV Finance department.

14. UFV Finance will only deal with School Districts on tuition matters, not individual student's fees or other costs.

15. Students will be responsible for student fees, tools, books and clothing, etc.

Current UFV fees are listed in the following link:

www.ufv.ca/calendar/current/General/FeesAndOtherCosts.htm

As per UFV Calendar:

If you're already covered by an equivalent health and dental plan (such as a parent or spouse's employee benefit plan, or a plan provided by your band council or through Health Canada), you can opt out and receive a credit to your student account for the amount of the Plan. The British Columbia Medical Services Plan (MSP) doesn't provide coverage equivalent to the SUS Health & Dental Plan. Students can't OPT OUT if they're covered only by MSP.

NOTE: Students whose parents have **health coverage** for their children may OPT OUT of the health benefits plan. To do this, visit ihaveaplan.ca or call 1-866-358-4437.

DEADLINE: To OPT OUT this must be completed during the Change-of-Coverage Period, typically falling between the last week of August to mid-September. Confirm the current deadline by following the link noted below.

[Change-of-Coverage Period Deadline](#)

OUTSTANDING FEES:

While reminders may be sent to students, failure to OPT OUT or pay for *any* outstanding fees by the deadlines will mean late fines will be added to their accounts. Failure to pay these balances will result in their Program Certificate being withheld.

UFV APPLICATION FOR ADMISSION



Please complete this form in **dark blue or black ink**, sign and return to any Office of the Registrar along with the nonrefundable application processing fee.

Office of the Registrar

Preferred start date <input type="checkbox"/> Fall <input type="checkbox"/> Summer <input type="checkbox"/> Winter	Program of study <input type="checkbox"/> Certificate <input type="checkbox"/> Associate Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Degree	Abbotsford 33844 King Rd Abbotsford, BC V2S 7M8	Chilliwack at CEP 45190 Caen Ave Chilliwack, BC V2R 0N3	Hope 1250 7th Ave Hope, BC V0X 1L4	Mission 33700 Prentis Ave Mission, BC V2V 7B1
Year	Indicate specific program	604.854.4501 Toll Free: 1.888.823.8734 Fax: 604.853.0138			

Study preference <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Have you ever applied to UFV? <input type="checkbox"/> Yes <input type="checkbox"/> No	UFV student number (if known) _____
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Legal last name (family name)	Legal first name (in full)	Middle name (if applicable)
Former last name	Preferred first name	
Mailing address (street number, street)	City or town	Province or state
		Country (if not Canada)
		Postal code
Primary phone	Cell phone	Email address
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate YYYY MMM DD	Citizenship <input type="checkbox"/> Canadian citizen <input type="checkbox"/> International (contact OReg) <input type="checkbox"/> Permanent Resident/ Landed Immigrant
What is your first language (mother tongue)?	(OPTIONAL) Do you identify yourself as an Aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you: <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit	
Emergency contact name	Relationship	Phone number

If you require support from the Disability Resource Centre, please call 1-888-504-7441.

Secondary Education

BC personal education number (BC students, Grade 12 during or after 1990)	What was the main language of instruction in your last two years of high school?
High school name	City & province/state
	Country
Dates of attendance YYYY MMM to YYYY MMM	Graduation date (if applicable) YYYY MMM
Highest grade completed (or in progress) <input type="checkbox"/> 7 or less <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> GED	

Post-secondary institutions attended (you MUST report all post-secondary institutions attended - attach list if required)

Name of institution	Name of institution
Dates of attendance YYYY MMM to YYYY MMM	Dates of attendance YYYY MMM to YYYY MMM
Location	Degree, diploma, or certificate received
Location	Degree, diploma, or certificate received
Have you ever been suspended/expelled from any post-secondary institution and/or program? <input type="checkbox"/> Yes <input type="checkbox"/> No	

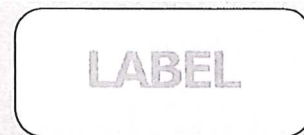
Declaration: I certify that all information submitted on this application is correct and complete. I understand that submission of this application permits the University of the Fraser Valley to request and/or confirm any information necessary to support my application; that submission of any false statement or documents may result in the cancellation of admission and/or dismissal from the university; and that information on falsifications may be shared with other post-secondary institutions (UFV Policy 70). I understand the information provided on this application and placed in a student record will be used for the purposes of admission, registration, record keeping, graduation, research, and other purposes consistent with the University Act and Section 26(c) of BC's Freedom of Information and Protection of Privacy Act (FIPPA). For more information, please visit <https://www.ufv.ca/informationprivacy>. Certain student information is provided to partner institutions, and to Student Societies for voting and membership purposes. Student information may be provided on a confidential basis to Statistics Canada as governed by the Canada Statistics Act, and to the BC Government. If I am admitted to a program, I agree to abide by the rules and regulations of the university.

Applicant's signature (required) _____ **Date** _____

Office Use Only

Application received YYYY MMM DD

Initials



Application processing fee

Method of payment Cash INTERAC Cheque Visa Mastercard American Express

Amount \$	Card number	Expiry date	Cardholder's signature
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When to Apply and Application Deadlines

Find out when your program accepts applications, at ufv.ca/appdates.

Apply as early as possible. We recommend that you apply and submit all required documents no later than the following dates:

Semester	Applications Open	Recommended Deadline
Fall (September - December)	October 1	January 31
Winter (January - April)	May 1	August 31
Summer (May - August)	October 1	December 31

Note: The Bachelor of Science in Nursing requires that the application process be completed by August 15 for the winter semester intake.

Application Fees

The non-refundable application fee is:

\$46.82 for new applications (including former Continuing Studies students).

\$20.81 for all additional or subsequent applications.

Note: There is no application fee for Upgrading and University Preparation programs.

After you Apply

- Check your myUFV account regularly. We will contact you through UFV email
- Once your application has been reviewed, we will notify you of the admissions decision.
- Plan your courses - check program requirements in the UFV calendar; seek advising early.

Complete the Application

- Complete ALL information on this application
- Check the How to Apply section for your program in the UFV academic calendar at ufv.ca/calendar to determine what is required for a complete application.
- Ensure that you provide evidence that you meet the English language proficiency requirement - see the UFV calendar Admissions section at ufv.ca/calendar.
- Gather and attach all necessary items to the form. Note: UFV only accepts official transcripts. Please request to have your transcript mailed to us directly. For more information about document requirements and high school equivalents, see ufv.ca/admissions/admissions.
- Include the non-refundable application fee (see Application Fees)
- Submit paper applications in person at any UFV OReg or by mail to:

UFV Admissions
33844 King Road
Abbotsford, BC V2S 7M8

Need Help? Contact Admissions at:

Toll free (In Canada): Office of the Registrar - 1.888.823.8734, Switchboard - 1.888.504.7441, **Email:** admissions@ufv.ca

RELEASE OF INFORMATION

The British Columbia Freedom of Information and Protection of Privacy Act provides that UFV may not release any information pertaining to student records, to anyone other than the student without the student's consent. UFV does not normally allow any person other than the student to conduct student related business.

Student's Full Legal Name (please print):		
UFV student number 	Date of birth	Email Address
I authorize employees of the University of the Fraser Valley to release information to the following institution, agency or person: Name: _____ <i>(To obtain information, an institution will be required to provide a request on official letterhead. An individual will be required to provide photo ID.)</i>		

I authorize the above named institution/agency/person access and pick up to the following information:

- Academic status
- Enrolment status information
- Grades
- Registration information (including current registration status)

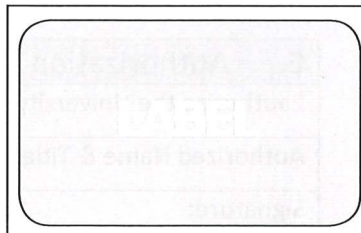
I authorize the above named institution/agency/person access to the following information:

- Student account balance
- Tuition and fees assessment

I authorize the above named institution/agency/person to perform the following transactions on my behalf:

- Add/drop courses
- Pay fees
- Order transcripts
- Other (specify) _____

This release is valid for a maximum of one year from the date of signature, or until: Y Y Y Y | M M M | D D

<p>UFV student records are confidential and are not released without the written consent of the student, unless otherwise required by law. Your signature on this form allows your selected information to be released and authorizes the specified institution/agency/person above to conduct business on your behalf. UFV considers a falsified form as fraud.</p> <p>STUDENT'S SIGNATURE: _____</p> <p>DATE: <u> Y Y Y Y M M M D D </u></p>	<p>FOR OFFICE USE ONLY</p> <div style="border: 1px solid black; border-radius: 15px; width: 100%; height: 100%; margin: 10px 0;">  </div> <p><i>Revised - 04/27/2016</i></p>
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Finance, Accounts Receivable
 33844 King Road
 Abbotsford, BC
 V2S 7M8

SPONSORSHIP BILLING AUTHORIZATION FORM

A. Sponsor Information		
Sponsor Name:		
Contact Name:		
Address:		City:
Postal Code:	Phone #:	Fax #:
*Email:		

*Invoices and Statements will be emailed to this address

B. Student Information	
Last Name:	First Name:
Student Number:	
Birth date if student number not available:	

C. Duration of Sponsorship		
Fall Semester (Sep – Dec) <input type="checkbox"/>	Winter Semester (Jan – Apr) <input type="checkbox"/>	Summer Semester (May – Aug) <input type="checkbox"/>
Year: 20____	Year: 20____	Year: 20____
Maximum Amount: (if applicable) Tuition: _____ Bookstore: _____	Maximum Amount: (if applicable) Tuition: _____ Bookstore: _____	Maximum Amount: (if applicable) Tuition: _____ Bookstore: _____

D. Sponsor Billing Categories	
Please indicate the fees you authorize to pay	
TUITION	
<input type="checkbox"/> Application Fee	<input type="checkbox"/> Ancillary, Experiential Learning Fees (Mandatory)
<input type="checkbox"/> Tuition	<input type="checkbox"/> Student Fees (Mandatory)
<input type="checkbox"/> *Health & Dental Plan	<input type="checkbox"/> Graduation Fee
<input type="checkbox"/> Transcript Fee	
BOOKSTORE	
<input type="checkbox"/> Textbooks	<input type="checkbox"/> Supplies
Other:	
Exempt Items:	

*PLEASE NOTE: Students who already have equivalent extended health and benefit plans, may opt out of paying this fee.

E. Authorization	
I authorize the University of the Fraser Valley to invoice for the charges outlined:	
Authorized Name & Title:	
Signature:	Date (mm/dd/yy):

For student fees explanation & tuition due dates, please visit <https://www.ufv.ca/admissions/feeandpay/>

SPONSORSHIP – TERMS AND CONDITIONS

Forward the completed form to:

Email: regfees@ufv.ca

Fax: (604) 853-0138

- Employers, First Nations, Government Agencies, other educational institutions & charitable organizations are examples of third party sponsors.
 - *Family members (ie. Parents, grandparents etc.) are not considered to be sponsors.*
- The Sponsorship Billing Authorization form is for tuition fees & bookstore purchases only, during academic terms. Please visit the CE web page for sponsorship information <http://www.ufv.ca/continuing-education/funding/>.
- The health & dental plan is part of the registration costs for all full-time students, but will not be billed to you automatically. If this fee is included in your sponsorship, you must indicate this on your Sponsorship Billing Authorization Form.
 - **Please note:** Students who already have equivalent extended health and dental plans, may opt out of paying the fee within the first 3 weeks of the Fall semester. For more information please contact StudentCare at: <http://studentcare.ca>.
- It is the student's responsibility to inform the sponsor if they withdraw, are required to withdraw or take a leave of absence. The University will not automatically notify the sponsor if the student stops attending.
- All billings will be in Canadian funds, payments must be made within 30 days of billing. If you have any questions about sponsorship billing please contact Finance Accounts Receivable at acctsreceivable@ufv.ca.
- The British Columbia Freedom of Information and Protection of Privacy Act provides that the University of the Fraser Valley may not release a student's personal information to anyone other than the student without the student's consent. Please ensure that the sponsored student submits a student information release waiver, <https://www.ufv.ca/admissions/forms/> listed under the student forms section, and include it with the Sponsorship Billing Authorization form. The student has provided his/her consent for UFV to disclose certain student information to you. You should not share any of the student's information with other people unless the student gives you his/her consent to do so.
- For student fees explanation & tuition due dates, please visit <https://www.ufv.ca/admissions/feeandpay/>.

University of the Fraser Valley Contacts

	Bookstore
Phone	604-504-7441 (ext. 4535)
Toll Free	1-888-504-7441 (ext. 4535)
Fax	604-854-3714
Email	bookstore@ufv.ca
	Finance
Phone	604-504-7441 (ext. 4026)
Toll Free	1-888-504-7441 (ext. 4026)
Fax	604-853-9990
Email	acctsreceivable@ufv.ca
	Indigenous Student Centre
Phone	604-504-7441 (ext. 2245)
Toll Free	1-888-504-7441 (ext. 2245)
Fax	
Email	Betty.peters@ufv.ca
	Office of the Registrar
Phone	604-504-7441 (ext. 4501)
Toll Free	1-888-504-7441 (ext. 4501)
Fax	604-853-0138
Email	regfees@ufv.ca
	Residence
Phone	604-504-7441 (ext. 4063)
Toll Free	1-888-504-7441 (ext. 4063)
Fax	778-550-0270
Email	residence@ufv.ca