



FOR OFFICE USE ONLY
DATE RECEIVED: _____
RECEIVED BY: _____
INTERVIEW DATE/TIME: _____
NOTES: _____ _____ _____

Application for Admission

Please note: This entire form is to be completed by the applicant. Please print clearly.

STUDENT INFORMATION

Legal surname/family name <i>(must match government issued ID)</i> : _____ Legal given name(s): _____ Former legal name (if applicable): _____ Mailing address: _____ City: _____ Province/State: _____ Country: _____ Postal Code: _____ Tel: _____ Cell: _____ Email <i>(this must be the student's personal email)</i> : _____	Date of Birth: _____ / _____ / _____ Gender: Male Female Citizenship: _____ Status (in-person study only): Canadian Citizen Permanent Resident Temporary Resident/Visitor Study Permit Other: _____ _____
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ACADEMIC RECORD (SECONDARY AND POST-SECONDARY)

PREVIOUS SECONDARY AND POST-SECONDARY INSTITUTION(S)	PROVINCE/COUNTRY	CREDENTIAL EARNED	DATE OF GRADUATION	

EMERGENCY CONTACTS (IN-PERSON STUDY ONLY)

LOCAL (Required information) Surname/Family Name: _____ Given or Other Names: _____ Relationship with student: _____ Tel: _____ Email: _____	INTERNATIONAL (If applicable) Surname/Family Name: _____ Given or Other Names: _____ Relationship with student: _____ Tel: _____ Email: _____
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REGISTRATION FEE AND VALIDITY

\$100.00 CDN – A registration is considered valid if paid in full.

TUITION POLICY – COURSE WITHDRAWAL

Students who withdraw from the course two weeks before the start date will receive a refund less a 20% administrative fee. Students who withdraw after the course start date will not receive a refund.

PROTECTING YOUR PERSONAL INFORMATION

Qawsain Higher Education collects and uses personal information to provide you with the best educational services as outlined in our Mission Statement. The personal information on these forms is required in order to be registered at Qawsain Higher Education and to assist Qawsain Higher Education in making informed decision and to respond immediately to an emergency. Qawsain Higher Education commits to using and storing this information responsibly and will not release this information to a third party without your written or verbal consent. If you have questions about Qawsain Higher Education's use, storage or disclosure of personal information, please contact us at privacyofficer@zawiyah.ca

YOUR CONSENT

I consent to having Qawsain Higher Education collect personal information that may include student identification information, birth certificate, academic and health information, emergency contact name and number, doctor's name and number, health insurance number and any similar information needed for registration.

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of Qawsain Higher Education (1) for the purpose of establishing, maintaining, and terminating the student's relationship with Qawsain Higher Education, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in Qawsain Higher Education's Personal Information Privacy Policy, a copy of which is available on request. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of Qawsain Higher Education.

PERMISSION

I hereby give permission to Qawsain Higher Education to have pictures taken of me for general record keeping purposes and for Qawsain Higher Education's website, brochures, Facebook and Instagram.

APPLICANT SIGNATURE: _____ **Date signed:** _____

DECLARATION OF APPLICANT

In signing this document, I certify the following:

- All statements on this application and supporting documents are true and complete.
- I authorize Qawsain Higher Education to verify any information provided as part of this application.
- I understand the evidence of falsified documents or misrepresentation will result in the cancellation of my admission or registration.
- I understand the information about falsified documents is shared with other Canadian colleges and universities.
- I understand and acknowledge that it is my responsibility to be aware of, and comply with all Qawsain Higher Education policies and procedures.
- For Non-BC Residents, I agree to purchase medical insurance if needed to cover my period of study in Vancouver.
- Admission is subject to assessment of qualifications and availability of seats.

APPLICANT SIGNATURE: _____ **Date signed:** _____

APPLICATION CHECK LIST

- Application Fee
- Completed application form
- Full course payment via Paypal
- Scanned copy of medical insurance coverage during length of study in Vancouver (Non-Residents only)
- Scanned copy of Government issued ID

To expedite the application process, students may submit electronic (scanned) copies of application forms and official documents for consideration to gawsainhighereducation@zawiyah.ca. All scanned official documents must be in PDF format, in colour, show the entire page, and include both sides (front and back, even if blank) of all pages. Original documents may be requested at any time. Students who fail to provide official documents as requested may have their application canceled, and/or blocked from further registration.

MEDICAL INFORMATION (IN-PERSON STUDY ONLY)

For applicants studying in Vancouver ONLY. Not for online applicants.

Insurance provider:

- MSP - Personal Health Card Number: _____
- Private – Name of company: _____

Please provide a copy of your Plan or a proof of insurance for the length of your study.

Use this space if there is anything else you want us to know about yourself that will enable us to plan for and better assist you should a medical emergency occur:

APPLICANT SIGNATURE: _____ **Date signed:** _____