

Personal Information		
<input type="checkbox"/> Male <input type="checkbox"/> Female (for statistical purposes only)		<input type="checkbox"/> Canadian/Permanent Resident <input type="checkbox"/> International Student
LEGAL FIRST NAME:		LANGARA ID: (if applicable)
FAMILY NAME:		Date of Birth (DD/MM/YY):
TELEPHONE 1:	MAILING ADDRESS:	
TELEPHONE 2:		
EMAIL:		

Enrollment Information			
Start Year: _____	Semester:	<input type="checkbox"/> January-April	<input type="checkbox"/> May-August
		<input type="checkbox"/> September-December	

Program Area/Study of Interest (check all that apply)		
<input type="checkbox"/> Professional Accounting Certificate	<input type="checkbox"/> Advanced Accounting Certificate	<input type="checkbox"/> CGA, CMA & CA transferable courses
<input type="checkbox"/> Professional Bookkeeper Certificate	<input type="checkbox"/> Other: _____	

Educational Level (indicate highest level completed)	
<input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> High school	Graduation Year: _____
Institution: _____	Program: _____

English Proficiency Proof (check and list grade/score for all that apply)			
Highest Level Course Completed	<input type="checkbox"/> High School <input type="checkbox"/> University	Course: _____	Grade: _____
English Proficiency Test	<input type="checkbox"/> LET <input type="checkbox"/> LPI <input type="checkbox"/> TOEFL <input type="checkbox"/> IELTS	<input type="checkbox"/> Other: _____	Score: _____

Official Transcripts (list all schools that you are submitting transcripts from)		
Name of Institution Attended (only Canadian post-secondary transcripts will be accepted for exemption requests)	Date requested (if sent directly from institution)	OFFICE USE ONLY Date received
1		
2		

Note: Attach CGA/CMA/CA Assessment if available. Official transcripts are still required for grade verification.

Exemption or Prerequisite Approval Requests							
Courses <small>Indicate courses which you are seeking exemptions for certificate or seeking prerequisite approval for enrollment</small>	Seeking Exemption or Prerequisite Approval <small>(check one only)</small>		Institution Attended	Equivalent or Prerequisite Course(s) <small>Minimum C+ or 65% required</small>	OFFICE USE ONLY		
	Exemption	Prerequisite Approval			Date:	Course Code	Grade
<i>Eg. Financial Accounting 4</i>		✓	BCIT	FMGT 4110 (FA3)			
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					

Note: Exemptions and prerequisite approvals are only granted to courses indicated above that you are eligible for.

Application Checklist and Signature	
<input type="checkbox"/> I understand I must complete over 50% of the certificate requirements through Langara College CS in order to be eligible for a certificate. <input type="checkbox"/> I am an international student and have completed and included International Student Application Form <input type="checkbox"/> Yes, I wish to receive periodic emails communicating registration and course schedule details.	
Signature of applicant: _____	Date (DD/MM/YY): _____
<i>Signing this assessment form signifies that all the above information is true and complete.</i>	

TO SUBMIT FORM
1. Mail-in or drop off: Langara College Continuing Studies 100 West 49 th Avenue Vancouver, B.C. V5Y 2Z6 2. Email: csaccounting@langara.bc.ca Official transcripts must be in sealed envelopes and cannot be emailed.

OFFICE USE ONLY	
CSRO <input type="checkbox"/> ID/F12 <input type="checkbox"/> GP NOTES: <input type="checkbox"/> ML <input type="checkbox"/> EX PC <input type="checkbox"/> DIST <input type="checkbox"/> PO <input type="checkbox"/> EM DATE RECEIVED: ____/____/____	

Note: International students are required to fill out this form. It must be attached with an Exemption/Prerequisite Approval Form

International Student Information		Note: Study Permit is required for more than 6 months of study.	
LEGAL FIRST NAME:		Current Status:	Expiry Date (DD/MM/YY):
LAST NAME:		<input type="checkbox"/> Study Permit	_____
LANGARA ID: (if applicable)		<input type="checkbox"/> Work Permit	_____
CITIZENSHIP:		<input type="checkbox"/> Visitor	_____
FIRST LANGUAGE:		Please attach a copy of your current study or work permit (if applicable).	

Courses of Interest

Indicate all other courses which you are seeking to enroll which do not require exemptions or prerequisite approvals.

Application Deposit Fee: \$500

Please indicate your payment method: Visa MasterCard

Name on card:	Signature:
Card number:	
Expiry Date (MM/YY):	

Note: This payment is non-refundable but will be used towards registration for course fees within the program courses at Langara only. \$500 will be charged only if the student's application has been approved and acceptance letter will be issued.

Declaration, Consent and Release

- Acceptance of this application is not a guarantee of admission. Admission is subject to availability of seats and Study Permit eligibility.
- I understand the above application and deposit fee is non-refundable and if accepted into the Program the fees can only be used towards courses within the Accounting & Finance courses.
- In signing, I certify that all statements on this application and supporting documents are true, complete and valid. I authorize Langara College to verify any information provided as part of this application. I understand that evidence of falsified documents or misrepresentation may result in cancellation of acceptance.
- In consideration of Langara College permitting me to participate in the program courses, I hereby release the College, its officers, employees, servants, agents, contractors and subcontractors from any and all claims and waive any and all claims I may have, now or in the future, against the College, its officers, employees, servants, agents, contractors and subcontractors that arise out of or are related in any way to my involvement in the program courses and all associated activities.
- I have read and understood the above statements.

Signature of applicant: _____ **Date (DD/MM/YY):** _____

Application Checklist

Forms (required): <input type="checkbox"/> Completed Exemption/Prerequisite Approval Form <input type="checkbox"/> Completed International Student Application Form: <input type="checkbox"/> Application Deposit Fee information completed <input type="checkbox"/> Declaration, Consent and Release read and signed	Attachments (if applicable): <input type="checkbox"/> Official transcripts from Canadian Post-Secondary Institutions <input type="checkbox"/> Transcripts from institutions outside of Canada <input type="checkbox"/> CGA Assessment Letter <input type="checkbox"/> Copy of Study Permit <input type="checkbox"/> Copy of Work Permit <input type="checkbox"/> Proof of English Proficiency (test score or transcripts)
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TO SUBMIT FORM

- Mail-in or drop off:
Langara College Continuing Studies
100 West 49th Avenue
Vancouver, B.C. V5Y 2Z6
- Email: csaccounting@langara.bc.ca

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Note: International student applications requiring letter of acceptance will take longer to process.

OFFICE USE ONLY

DATE RECEIVED: ____/____/____ IE

PC
 STUDENT APPLICATION APPROVED:
 YES NO
 REASON: _____

CSRO
 DEPOSIT PROCESSED
 DATE: ____/____/____
 TERM: _____
 CRN: _____

ENGLISH PROFICIENCY APPROVED
 ELIGIBILITY STATUS: WORK PERMIT
 STUDY PERMIT
 LETTER OF ACCEPTANCE REQUIRED
 YES NO
 ISSUED DATE: ____/____/____
 EXPIRY DATE: ____/____/____

NOTES: