

PLEASE PRINT CLEARLY

I AM APPLYING TO:

Certificate in Business Administration (CBA) Diploma in Business Administration (DBA)

for the following Term/Year: Fall Spring Intersession Year: _____

Name _____
First name Middle name/initial Last name

UVic Student Number _____
(if you have one)

Date of Birth (Required to produce unique ID) _____
DD / MM / YYYY

Home Address _____
City Postal Code

Phone _____ Email _____
Area Code

Employer/Business Name _____

Current Position _____

Business Address _____
City Postal Code

Phone _____ Email _____
Area Code

How did you hear about this program? _____

Please complete the next page ...

**CONTINUING
STUDIES@UVIC**

Freedom of Information/Protection of Privacy: The University of Victoria collects personal information on its form pursuant to the *University Act*, RSBC 1996, c.468 and section 26 of the *Freedom of Information and Protection of Privacy Act*. The information you provide is used for the purposes of admission, registration, and other decisions relating to your Continuing Studies program. For details on how the information is used, contact Continuing Studies or read UVic Policy 4400, Access to Student Records at: registrar.uvic.ca/home/documents/access.html

FOR OFFICE USE ONLY

Approved _____
SRS Updated _____
Notified _____
Progress SS _____

CERTIFICATE/DIPLOMA IN BUSINESS ADMINISTRATION – PROGRAM APPLICATION

To help us assess your application for admission to these programs at the University of Victoria, please provide the following information:

Education

Date of High School graduation _____

Name of last High School attended _____

Location _____

Post-Secondary Degrees _____

Please attach your transcripts of your last two years of secondary or post-secondary education.

Professional Qualifications

Student Record

Have you taken other Business and Management courses through Continuing Studies at UVic? Yes No

If yes, please indicate the course name and date enrolled. You will be notified if any of these courses are applicable towards the program.

_____ Course _____ Date

_____ Course _____ Date

_____ Course _____ Date

Advanced Standing

Are you applying for Advanced Standing? Yes No

1. _____
_____ UVic Course _____ Equivalent

_____ Transfer From _____ Date

2. _____
_____ UVic Course _____ Equivalent

_____ Transfer From _____ Date

3. _____
_____ UVic Course _____ Equivalent

_____ Transfer From _____ Date

APPLICATION FEE

This application must be accompanied by the application fee of \$150 (refundable if you are not accepted into the program)

Cheque Money Order (made payable to University of Victoria)

To pay by credit card, please call 250-721-8073

SEND YOUR COMPLETED APPLICATION (WITH THE APPLICATION FEE) TO:

Mail Business and Management Programs
Division of Continuing Studies, University of Victoria
PO Box 1700 STN CSC
Victoria, BC V8W 2Y2 Canada

Fax 250-721-8774

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