



Program Application Form Interdisciplinary Diploma in Intercultural Education and Training

Personal Information

Mr Miss Mrs Ms

Name: _____

Street address: _____

CITY

PROVINCE

POSTAL CODE

Telephone _____ Cellphone _____

Email: _____

Business Information

Position: _____

Company/Organization: _____

Street address: _____

CITY

PROVINCE

POSTAL CODE

Telephone _____ Fax _____

Business email: _____

Where do you prefer to receive program mail and email?

Home Business

Enrollment Status

Seeking Admission to UVic

Already a UVic Student: Student Number: _____

Application Date: _____

Attachments to Application

New Applicants to UVic:

University Admissions Form

University Admissions Fee

Transcripts (these can be submitted under separate cover if they are not available at the time of application)

Returning UVic Students

Application to Reregister Form

Application to Reregister Fee (if applicable)

All Applicants

One-time program fee of \$150. This must accompany your application and is non-refundable if you withdraw. Please make cheque payable to the University of Victoria. This fee will be returned if you are not accepted to the program or the University.

Method of Payment: Cheque Money Order

Credit Card (for program fee only): Visa Mastercard

NUMBER

EXPIRY DATE

SIGNATURE

Educational Background

University or College Studies _____

Professional Qualifications _____

Secondary/High School Completion Date _____

Employment/Volunteer Background

Brief summary of recent employment and/or volunteer history

Please complete both sides of this form.

Experience in multicultural/cross-cultural environments

Briefly describe your professional and personal experience in multicultural or cross-cultural environments

Objectives for Program Participation

Session Applied For: Winter Spring Summer

Year: _____

Are you also completing a UVic undergraduate degree?

No Yes Department: _____

Are you intending to register Part Time Full Time

What are your objectives in participating in the Diploma Program in Intercultural Education and Training?

References

1. Name _____

Position _____

Daytime Phone _____

Email _____

2.. Name _____

Position _____

Daytime Phone _____

Email _____

Which course(s) do you plan to take in your first year?

How did you first hear of the program?

UVic Calendar

Brochure

Poster

Website

Local organization

Other: _____

SIGNATURE OF APPLICANT

DATE

Return to: Miranda Angus
Intercultural Education and Training Program
Division of Continuing Studies, University of Victoria
PO Box 1700 STN CSC
Victoria, BC V8W 2Y2
Phone 250-721-8462
Fax 250-721-8774
Email iet@uvcs.uvic.ca
Web www.continuingstudies.uvic.ca/intercultural

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: <http://registrar.uvic.ca/home/documents/access.html>

FOR OFFICE USE ONLY

Application approved:

Joy Davis, Program Director, Intercultural Education and Training

Date

Comments:

cc: Program Steering Committee (pro forma)