



# PART-TIME REGISTRATION FOR SPONSORED STUDENTS

## Student Information and Enrolment Services

SW1-1st Floor, 3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2

T 604.434.1610 F 604.430.1331 E sponsorship@bcit.ca

**Instructions:** 1) Save this PDF to your desktop, 2) Open with Adobe Reader or Adobe Acrobat, 3) Complete all required fields, 4) Save, 5) Close PDF then re-open to ensure the content you filled in has saved, 6) Submit to BCIT.

### IMPORTANT

- A Letter of Authorization **must** be attached.
- All official BCIT correspondence will be sent to the address indicated on this form. Notify BCIT of any changes.
- Visit [bcit.ca/admission/fees/sponsorship](http://bcit.ca/admission/fees/sponsorship) for more information about sponsorship.

Fields marked with an asterisk (\*) are **mandatory**.

### PERSONAL INFORMATION

Your BCIT ID Number <b>A0</b> <small>First time at BCIT? We will create your student number.</small>	Personal Education Number (PEN) <small>For current or past BC high school students only.</small>	Birth Date (DD-MMM-YYYY)*
Legal First Name (given name)*	Middle Name	Legal Last Name (family name)*
Preferred First Name	Previous Last Name (e.g. maiden name)	Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female

### CONTACT INFORMATION

Please provide at least one phone number\*

Home Mailing Address (number and street)*		Home Phone Number
City*	Province	Postal Code*
		Mobile Phone Number
Country*	Personal (non-BCIT) Email Address*	
Emergency Contact Name	Relationship to Student	Emergency Contact Phone Number

### CITIZENSHIP / LANGUAGE

### ABORIGINAL STATUS

Status in Canada* <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Diplomat or Diplomat Dependent <input type="checkbox"/> Live-In Caregiver Work Permit <input type="checkbox"/> Non-Canadian – Distance/Online <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee – Claimant <input type="checkbox"/> Refugee – Status Granted <input type="checkbox"/> Study Permit <input type="checkbox"/> Visitor or Visitor Visa <input type="checkbox"/> Work Permit	Country of Citizenship*	Do you identify yourself as an Aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Country of Birth*	If you identify yourself as an Aboriginal person, are you (please check all that apply): <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit
	Is English your primary language?*	Please send me information on services available to Aboriginal students. <input type="checkbox"/> Yes <input type="checkbox"/> No

### SPONSOR INFORMATION

Company/Agency*		
Contact Name*	Contact Phone Number*	Contact Email*

**REGISTRATION**

Some courses require approval from the program area prior to registration. The student is responsible for obtaining this approval prior to submitting this form. Course materials and textbooks are not included in the tuition fees. Please contact the BCIT Bookstore or visit [bcit.ca/bookstore](http://bcit.ca/bookstore) to purchase your textbooks.

COURSE NUMBER	CRN	COURSE TITLE	START DATE	CAMPUS	TUITION FEES
<b>TOTAL FEES</b>					

**COLLECTION AND USE OF PERSONAL INFORMATION**

BCIT collects information about students (personal information) under the authority of the College and Institute Act, RSBC, 1996, c. 52 and section 26 of the *Freedom of Information and Protection of Privacy Act*, RSBC, 1996, c. 165. The personal information that you provide through this application will be placed in your BCIT student record. This information will be used and disclosed only for purposes directly related to and needed by BCIT to assess your eligibility for admission, enrolment, decisions on your academic status, graduation, record keeping, statistical research or program evaluation and other purposes consistent with BCIT's mandate and the administration and operation of its programs and services pursuant to the College and Institute Act and you being a member of the BCIT community and attending a public post-secondary institution in the Province of British Columbia including the programs of the BCIT Student Association, BCIT Alumni Association and the BCIT Foundation, and as required by provincial and federal government authorities or authorized by law. Questions about the collection, use and disclosure of personal information by BCIT may be directed to the Associate Director, Privacy, 3700 Willingdon Ave., Burnaby BC V5A 3H2; Tel: 604.432.8508; Email: [privacy@bcit.ca](mailto:privacy@bcit.ca). By submitting this form to BCIT, you consent to the collection, use, and disclosure of your personal information as described above.

Signature*	Date (DD-MMM-YYYY)*
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