

UFV APPLICATION FOR ADMISSION

Please complete this form in **dark blue or black ink**, sign and return to any Office of the Registrar along with the nonrefundable application processing fee.



Office of the Registrar

604.854.4501

Toll Free: 1.888.823.8734

Email: admissions@ufv.ca

Preferred start date ☒ Fall ☐ Summer ☐ Winter	Program of study ☒ Certificate ☐ Associate Degree ☐ Graduate ☐ Diploma ☐ Degree ☐ Upgrading			
Year	Indicate specific program Concurrent Studies - ECE			
Study preference ☐ Full-time ☒ Part-time	Have you ever applied to UFV? ☐ Yes ☒ No UFV student number (if known) 			
Legal last name (family name)	Legal first name (in full)	Middle name (if applicable)		
Former last name	Preferred first name			
Mailing address (street number, street)	City or town	Province or state	Country (if not Canada)	Postal code
Primary phone	Cell phone	Email address		
Birthdate YYYY MM DD	Citizenship ☐ Canadian citizen ☐ Other (contact OReg)	☐ Permanent Resident/ Landed Immigrant		
Gender Man ☐ Woman ☐ Non Binary ☐ Prefer not to Answer ☐	(OPTIONAL) Do you identify yourself as an Aboriginal person? ☐ Yes ☐ No If yes, are you: ☐ First Nations ☐ Métis ☐ Inuit			
Emergency contact name	Relationship	Phone number		

Secondary Education

BC personal education number (BC students, Grade 12 during or after 1990) 	Submit a request for your BC high school transcript to be sent electronically to UFV through the BC Ministry of Education Student Transcripts at https://www2.gov.bc.ca/gov/content/education-training/k-12/support/transcripts-and-certificates		
High school name	City & province/state	Country	
Dates of attendance YYYY MM to YYYY MM	Graduation date (if applicable) YYYY MM	Highest grade completed (or in progress) ☐ 7 or less ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ GED	

Post-secondary institutions attended (you MUST report all post-secondary institutions attended)

Name of institution	Name of institution		
Dates of attendance YYYY MM to YYYY MM	Dates of attendance YYYY MM to YYYY MM		
Location	Degree, diploma, or certificate received	Location	Degree, diploma, or certificate received
Have you ever been suspended/expelled from any post-secondary institution and/or program? ☐ Yes ☐ No			

Declaration: Personal information collected by the University of the Fraser Valley ("UFV") is used for a variety of purposes, including but not limited to those detailed below. An individual's personal information will only be collected, used and disclosed in accordance with applicable legislation. By submitting this application for admission I understand the information provided on this application and placed in a student record will be used for the purposes of recruitment, admission, registration, record keeping, graduation, non-academic support services, research, and other purposes consistent with the University Act and Section 26(c) of BC's Freedom of Information and Protection of Privacy Act. For more information, please visit <https://www.ufv.ca/informationprivacy>. Limited student personal information is provided to partner institutions, UFV student societies for voting and membership purposes and for the administration of student benefit plans. Student information may be provided on a confidential basis to Statistics Canada as governed by the Canada Statistics Act, and to the BC Government. All documents submitted to support this application for admission become the property of UFV and will not be returned.

If I am admitted to UFV, I agree to abide by the policies, procedures, rules, and regulations of the university.

Applicant's signature (required)

Date

Office Use Only

Application received

YYYY | MM | DD

Initials

Application processing fee

Method of payment

☐ Cash

☐ INTERAC

☐ Cheque

☐ Visa

☐ Mastercard

☐ American Express

Amount \$	Card number 	Expiry date 	Cardholder's signature
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CONSENT FOR RELEASE OF INFORMATION

This form is normally used when a student is away for a period of time or to provide access to a sponsoring agency.
This form is not to be used by law firms seeking a release of student records or for access to information requests.

Student's Full Legal Name:		
UFV student number	Date of birth	Email Address

I authorize the University of the Fraser Valley to release information to the following institution, agency or person:

Name: _____

(To obtain information, an institution will be required to provide a request on official letterhead. An individual will be required to provide photo ID.)

I authorize the above named institution/agency/person access the following information:

- ☐ **Admission information**
- ☐ **Academic status**
- ☐ **Enrolment status**
- ☐ **Grades**
- ☐ **Registration information (including current registration status)**
- ☐ **Student account information**
- ☐ **Tuition and fee assessment**

I authorize the above named institution/agency/person to perform the following transactions on my behalf:

- ☐ **Add/drop courses**
- ☐ **Order transcripts/Enrolment letters**
- ☐ **Other (specify)** _____

This release is valid for a maximum of one year from the date of signature, or until:

Y Y Y Y | M M M | D D

FREEDOM OF INFORMATION/PROTECTION OF PRIVACY. The information on this form is collected under the authority of British Columbia's Freedom of Information and Protection of Privacy Act [(RSBC 1996) chapter 126] and the University Act. This information is used only in reference to support the release of information on a student record. If you have any questions about the collection and use of this information, contact the Enrolment Manager at 604-854-4501 or reginfo@ufv.ca

STUDENT'S SIGNATURE: _____

DATE: _____



FIELD TRIP INFORMED CONSENT

(Please print)

Name of Student:	Last Name:	First Name:
Student number:		
Emergency Contact:		Phone No:

TO: THE UNIVERSITY OF THE FRASER VALLEY (“UFV”)

DESCRIPTION OF RISKS

Field Trip (enter description): Early childhood Education Dual Credit 2025-2026 Year			
Date(s): TBD	From: Sept 2, 2025	To: April 13, 2026	
Location: Near UFV Campus	Place: TBD	City: Abbotsford	Country: Canada

I understand that by participating in the above named field trip (the “Activity”), I will be exposed to many inherent risks that may result in, among other things, mild or severe illness, physical injury, mental distress, and/or property loss or damage. These risks may include but are not limited to the following:

- **Physical Environment** whether visible /apparent or not, and any manner of injury or loss arising therefrom including, without limitation, injury or loss arising from falls, slips, trips or collisions, from obstructions or from other participants;
- **Travel** including, without limitation, travel to and from any locales scheduled to be visited or not by any means whatsoever including, without limitation, public or private bus, motor vehicle, boat, aircraft, helicopter, and injury or accident from being the operator of a vehicle and loading/unloading equipment or supplies from vehicles and any manner of injury or loss arising therefrom;
- **Food** and any manner of injury or loss arising therefrom including, without limitation, loss or injury resulting from choking, allergic reactions to food ingredients, illnesses or infections from food or water consumption;
- **Equipment, Machinery Or Other Devices** and any manner of injury or loss arising therefrom including, without limitation, loss or injury resulting from any equipment deployed in respect of the Activity or the use, misuse, malfunction or breakdown of any equipment, machinery or similar device that may be deployed or used;
- **Other Hazards** and any manner of injury or loss arising therefrom including, without limitation, loss or injury resulting from hypothermia, allergens, noxious gases, electrocution, shock, drowning, chemicals (including, without limitation, herbicides, pesticides, acid and caustic bases), vandalism, or theft of property;

ASSUMPTION OF RISK

Accidents can be the result of the nature of the field trip and can occur with or without any fault on either the part of the student, UFV or its employees or agents, or the location where the field trip is taking place. As such, I freely accept and fully assume all such risks, dangers and hazards and the possibility of mild or severe illness (including, but not limited to, contraction of COVID-19), physical injury, mental distress, and/or property loss or damage arising out of, associated with or relating to my participation in the Activity. I agree that if UFV, in its sole discretion and on my behalf, should secure any medical advice or services as it, in its sole discretion, may deem necessary for my health and safety, that I shall be financially responsible for such medical advice or services.

I have informed the field trip leader of any health conditions that may require assistance or accommodation during the Activity (i.e. all medical conditions such as severe allergies) and understand that it is my responsibility to bring any medications/treatments required for these conditions.

I agree that I will comply with any requirements and/or directions provided by UFV with respect to COVID-19. Further, I agree that I will not participate in the Activity if I have been advised to self-isolate and/or get tested for COVID-19.

ACKNOWLEDGEMENT

I HAVE READ AND UNDERSTOOD THIS INFORMED CONSENT AND I AM AWARE THAT BY SIGNING IT I AM ACCEPTING THE INHERENT RISKS INVOLVED WITH THE ACTIVITY.

Signature of Student:	Signature of Witness:
Date:	Witness (Print Name):

Collection Notice: The personal information requested on this form is collected under the authority of the *University Act*, and in accordance with the *Freedom of Information and Protection of Privacy Act (FIPPA)*. The information will only be used for the purpose of implementing this informed consent form. Direct any questions about this collection to Sheryl MacMath in the School of Education at UFV at (604) 851-4263 or see www.ufv.ca/informationprivacy.

This informed consent must be completed in full, signed, and dated before the participant is allowed to participate in the Activity.