

REQUEST FOR CONCURRENT STUDIES



Office of the Registrar

Concurrent studies is for students who want to take one or two post-secondary courses while completing secondary school.

Abbotsford 33844 King Rd Abbotsford, BC V2S 7M8	Chilliwack at CEP 45190 Caen Ave Chilliwack, BC V2R 0N3	Hope 1250 7th Ave Hope, BC V0X 1L4	Mission 33700 Prentis Ave Mission, BC V2V 7B1
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604.854.4501
Toll Free: 1.888.823.8734
Fax: 604.853.0138

Instructions: complete this form in **black or dark blue ink** and submit it with all supporting documents, no later than one month before the start of the semester for which you are applying. All requests are subject to space availability, as well as approval of the instructor and department head.

PERSONAL	Student's full legal name		UFV student number		
	Daytime telephone number	Email address	Mailing address (street number, street)		
	City or Town	Province	Country (if not Canada)	Postal code	
	UFV course(s) and the section(s) applied for:				
	<p style="text-align: right;">Note: A maximum of two courses per semester is permitted. Exceptions must be approved by the appropriate dean.</p>				
<p>If you have already discussed your course choice with someone from UFV (e.g. the department head or instructor), please indicate with whom you have spoken:</p>					

CHECKLIST	<p>Please attach:</p> <input type="checkbox"/> Application for admission* (online at www.ufv.ca). Choose Concurrent Studies for the program. <input type="checkbox"/> \$45 application fee*. <input type="checkbox"/> Recent high school transcript showing the last year completed, and courses in progress <input type="checkbox"/> Letter of recommendation from the high school principal or counselor. <small>* Not required for students who have taken concurrent studies courses within the past two years.</small>		PARENTS APPROVAL	<p>I am in support of this request. I am aware that all comminution from UFV will be made directly with the student.</p>	
	<p>Permission of the instructor and department head is required and will be obtained upon submission of this request. Evidence of meeting course prerequisites and readiness for university studies will also be required.</p>			<p>Parent or legal guardian's name (please print)</p>	
	<p>Student's signature</p>			<p>Signature</p>	
	<p>Date</p> <p style="text-align: center;">YYYY MMM DD</p>			<p>Date</p> <p style="text-align: center;">YYYY MMM DD</p>	

Please forward this form to: **UFV, Office of the Registrar**, 33844 King Road, Abbotsford BC V2S 7M8 or fax: **604.853.0138** ~ For further information, please call **604.854.4501**

<p>OFFICE USE ONLY</p> <p>Request approved for...</p> <div style="border: 1px solid black; padding: 5px; width: 100%;">Term</div> <div style="border: 1px solid black; border-radius: 15px; width: 100%; height: 60px; margin-top: 20px; display: flex; align-items: center; justify-content: center; font-size: 2em; font-weight: bold; color: #ccc;">LABEL</div>	<p>Course 1:</p>	<div style="border: 1px solid black; padding: 5px;">Course</div> <div style="border: 1px solid black; padding: 5px;">Instructor's signature</div> <div style="border: 1px solid black; padding: 5px;">Department head's signature</div>
	<p>Course 2:</p>	<div style="border: 1px solid black; padding: 5px;">Course</div> <div style="border: 1px solid black; padding: 5px;">Instructor's signature</div> <div style="border: 1px solid black; padding: 5px;">Department head's signature</div>