

# 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.**

604.854.4501  
**Toll Free:** 1.888.823.8734  
**Fax:** 604.853.0138  
**Email:** admissions@ufv.ca

**Instructions:** Complete the online Application for Admission at <http://www.ufv.ca/admissions/apply/>, and submit this form and all supporting documents no later than one month before the start of the semester for which you are applying. Approval to register is given for one semester at a time. Students wishing to apply for a subsequent semester can submit a second request form following the same procedures.

Student's full legal name	UFV student number
Phone	Email address

## COURSE INFORMATION

**Note:** A maximum of two courses per semester is permitted. Exceptions must be approved by the appropriate dean.

If you have already discussed your course choice with someone from UFV (eg. department head or instructor), please indicate with whom you have spoken:

**Course 1 (Name and Section):**

**Course 2 (Name and Section):**

## CHECKLIST

- Online Application for Admission and application fee.\* Choose Concurrent Studies for the program.
- Recent high school transcript showing the last year completed, and courses in progress.
- Letter of recommendation from the high school principal or counselor.

\* Not required for students who have taken concurrent studies courses within the last year.

## PARENT'S APPROVAL

I am in support of this request. I am aware that all comminution from UFV will be made directly with the student.

**Parent or legal guardian's name (please print)** \_\_\_\_\_

**PARENT'S SIGNATURE** \_\_\_\_\_ **DATE** YYYY|MMM|DD

**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.**

\*All requests are subject to space availability, as well as approval of the instructor and department head.

**STUDENT'S SIGNATURE** \_\_\_\_\_ **DATE** YYYY|MMM|DD

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 for the administration of academic programs and providing educational and related support services. If you have any questions about the collection and use of this information, contact the Enrolment Services Coordinator at 604-854-4501 or [reginfo@ufv.ca](mailto:reginfo@ufv.ca)

## OFFICE USE ONLY

Request approved for:

Term
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### COURSE 1:

Course
Instructor's signature
Department head's signature

### COURSE 2:

Course
Instructor's signature
Department head's signature