

APPLICATION FORM

Please complete the following to record this course you are taking in the College Records System. *Your certificate will be mailed to the address below.*

Please print clearly to ensure your student profile is accurate. Please email your form to ProSIT:
prositadmissions@camosun.ca

Program Information				
Program Name				
Term	FALL	SUMMER	SPRING	Program Year
Student Information				
Legal Last Name		Legal First Name		
Middle Name (if any)		Preferred Name		
Date of Birth	Gender		Social Insurance Number (optional)	
MM/DD/YYYY	Male	Female	Not specified	
*Providing your SIN helps us to ensure the accuracy and completeness of your transcript and your tuition tax receipt.				
Emergency Contact	Name	Phone	Relation	
Current Mailing Address				
Number & Street	City	Province	Postal Code	
Home Phone	Cell Phone	Work Phone (optional)	Other Phone (optional)	
E-mail				
Mailing List Preferences				
May we contact you about courses that we think may interest you?		Choosing "Yes" will provide you the latest information on course and program offerings. Your information will not be shared.		
Yes, by any method	Email only	Mail only	No, please do not contact me	
How did you hear about us?				Select all that apply
Website	Advertising	Social Media	Friend, family or colleague	Employer
Application FEE				
Payment of \$45.27 is due with this application				
Please pay your application fee by logging into the Prosit Student Portal prosit.camosun.ca				
Declaration				
The personal information on this form and other personal information which forms part of your student record is collected under the legal authority of College and Institutes Act, [RSBC 1996] c.52, and the Freedom of Information and Protection of Privacy Act [RSBC1996] c. 165. The information is used for administrative and statistical research purposes of the College and/or the ministries or agencies of the Government of British Columbia and the Government of Canada. The information will be protected, used, and disclosed in compliance with those acts.				
Signature of Applicant			Date	

